John Ashhurst Jr
August 11. 1862
Co. F

REGULATIONS

FOR THE

DUTIES OF INSPECTORS-GENERAL AND DEPUTY INSPECTORS-GENERAL OF HOSPITALS;

FOR THE

DUTIES OF STAFF AND REGIMENTAL MEDICAL OFFICERS;

FOR THE

ORGANIZATION OF GENERAL, REGIMENTAL, AND FIELD HOSPITALS;

AND FOR THE

DUTIES OF OFFICERS, ATTENDANTS, AND NURSES:

FOR

SANITARY MEASURES, AND PRECAUTIONS FOR PRESERVING THE HEALTH OF THE TROOPS;

FOR THE

DUTIES OF SANITARY OFFICERS ATTACHED TO ARMIES;

AND FOR

DRAWING UP SANITARY AND MEDICAL STATISTICS AND REPORTS.

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War Office, Pall Mall, (S.W.)
13th November 1857.

SIR,

I HAVE the honour to transmit herewith instructions which have been prepared for the guidance of the Committee appointed to draw up, for the consideration of the Secretary of State, revised regulations for the Army Medical Service, and for the conduct of hospitals.

I have the honour to be,
Sir,
Your obedient servant,
(Signed) B. HAWES.

The Right Hon. Sidney Herbert, M.P.
&c. &c. &c.

War Office,
13th November 1857.

SIR,

YOU will prepare for my consideration draft Instructions and Regulations defining the duties of Inspectors and Deputy Inspectors generally, and with regard to Hospital and Sanitary Inspection, the duties of Regimental and Staff Surgeons as regards Hospital Management, Inspections, Sanitary Measures and Precautions, Statistics, and Reports.

You will also define the duties of Sanitary Officers attached to Armies, you will lay down draft Regulations for the Management of General Hospitals, including the duties of the various Officers, Attendants, and Nurses.

Also Regulations for Regimental Hospitals, Lunatic Wards, Tents, Huts, and Marquees, the organization of field Hospitals, Cooking, Washing, &c.

For this purpose you will carefully examine and revise, in conformity with the recommendations of the Royal Commission on the Sanitary State of the Troops, such portions of the Queen's Regulations, the Quartermaster-General's, the Hospital, the Barrack, and the Purveyor's Regulations as may require alteration, and you will submit the same for my consideration and approval.

(Signed) PANMURE.

The Right Hon. Sidney Herbert, M.P.
&c. &c. &c.

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The following letter is here inserted with a view to explain the nature and the principles of the changes introduced by the new Code of Regulations.

Sir, 9th July 1858.

In conformity with the instructions received from the late Secretary of State for War, on the 13th of November, 1857, we have taken into consideration the facts and conclusions contained in the Report of the Royal Commission appointed to examine into the sanitary state of the army, with the view of revising and framing regulations for the objects named in our instructions, in conformity with the recommendations of the Commission. The code which we have now the honour to lay before you contains the regulations we have drawn up for the Army Medical Service; and we at the same time deem it necessary to state briefly the defects which exist in the present regulations of the Army Medical Department, together with the reasons which have influenced us, and the objects we seek to attain, in the alterations we have proposed.

The Report of the Royal Commission has shown the high rate of mortality from disease existing among the troops at all times, but more especially during war—the defective condition of Military Hospitals—the absence of any means of organizing General Hospitals in time of war—the want of any method by which the improvements recently introduced for the protection of health in civil life can he rendered available in Barracks, Camps, and Hospitals—and the great loss of life arising from these defects during the late war with Russia.

The existing regulations appeared to us to be by no means sufficient to prevent the recurrence of such losses of life and efficiency in the Army. On some most important points they are altogether silent.

The duties to be performed are not sufficiently defined, nor are the responsibilities clearly placed on those charged with specific duties; and, even should a Medical Officer discern his duty and perform it, there is no necessary connection between any recommendations he may make, and their being carried into effect.

To obviate these evils as far as practicable, the Royal Commission recommended two fundamental changes in the Army Medical Department; and unless they be carried out, any attempt at improving the existing regulations will be of

little avail. One of these changes is the remodelling of the Department; the other is, the organization of a practical Army Medical School.

The office of Director-General is at present a purely administrative office, although the procedures of the office must be, to a large extent, based on scientific grounds. There is no one attached to the Department specially conversant with Army hygiène or sanitary science. There is no office connected with the Department in which the Army Medical Statistics can be reduced. And there are no means of rendering available for the public service the large amount of information and experience on Army diseases which is constantly being accumulated in the Department.

No one man in the position of Director-General could fulfil all the requirements, administrative and scientific, of such an office, more especially under the altered circumstances in which our Indian empire is placed.

It appeared, therefore, necessary to the Royal Commission that the office should be subdivided into three distinct branches, medical, sanitary, and statistical, each under a separate head, who should work the routine details of his department, and that the chiefs of the three branches should constitute a consultative council to assist the Director-General with their advice on subjects coming within their respective branches. To the heads of these branches would be referred questions connected with the medical and sanitary duties and statistics of the Army; and each branch would furnish the advice or assistance required by medical officers. The whole proceedings would, nevertheless, go through the Director-General, and be under his direction, as the sole responsible administrative head.

Impressed with the necessity of these changes, we have defined the constitution of the Army Medical Department, as recommended by the Royal Commission at the commencement of the regulations, and a detailed scheme for the practical conduct of the business by the Director-General and Council has already been submitted to the Secretary-of-State.

The second fundamental change proposed is, the organization of an Army Medical School, to teach the specialties of military medicine, surgery, hygiène, and sanitary science, the want of which has been hitherto so much felt in the service.

The proposed organization of this school has also been submitted to the Secretary-of-State, and it is only necessary to state that it is founded on the principle that the Government should trust entirely to the civil schools to teach medicine and surgery, and that nothing should be taught in the military hospitals but that which cannot be obtained in

the civil, namely, military surgery and medicine, and hygiène. The most important changes which we have proposed in the Regulations are based on the assumption that the medical school, which is already in partial existence at Chatham, but which at present teaches what can be better taught in the civil schools, is to be forthwith re-organized on a better basis, so that the Army may be provided, with as little delay as possible, with an increasing proportion of medical officers competent to undertake the highly responsible duties which we propose for the first time to impose upon them.

Assuming, then, that Her Majesty's Government will adopt the recommendations of the Royal Commission in these particulars, we propose to commit to the medical officers of the Army not only the treatment of diseases and injuries incidental to the service, but we propose, further, to invest them with the important function of advising commanding officers in all matters affecting the health of troops, whether as regards garrisons, stations, camps, and barracks, or diet, clothing, drills, duties, or exercises.

In the Army Medical School it is proposed to give to our future medical officers an amount of practical instruction on such subjects which cannot be obtained at present in any civil medical school in this country.

It is then proposed to test the progress made by the students in such practical knowledge of the whole subject of Army hygiène before admission to the service; and, having provided for the practical direction of that knowledge in the proposed reconstitution of the Department, we are of opinion that the advice of Medical Officers on the specialities connected with the prevention of disease, and the preservation of the health of troops, should have the same weight as their advice now has in questions of cure by means of medical or surgical treatment in Hospital, subject always to the necessary contingency, especially with armies in the field, that occasions must constantly occur in which military reasons must necessarily outweigh all considerations of health affecting the troops engaged in the operations, and of such contingencies Commanding Officers alone can be judges.

In time of peace these special military reasons very rarely exist, while it is in time of peace—owing, in our days, to its longer duration—that the total amount of loss in the army, from absence of sanitary precautions, is absolutely greater than in war.

The losses from disease in time of war are those which attract the largest amount of attention, because they occur within short periods of time; but during peace these losses are not the less incurred, with this difference only, that they are slower in their operation.

In time of peace, therefore, the advice of a competent

Medical Officer on all subjects affecting the health of troops could be taken with great advantage to the public service.

The experience, moreover, so acquired in dealing with questions of Army hygiène, both on the part of Commanding and Medical Officers, would materially aid the former in deciding questions arising during war, in which strategic and sanitary considerations have to be weighed together.

We need scarcely say that we do not propose to make it binding on a Commanding Officer to adopt the recommendations of his sanitary adviser. The constitution of an army requires that the Commanding Officer should be supreme, as he is responsible, within his command. It would be contrary to every principle of discipline that any other Officer should dictate to him what he ought to do. The Commanding Officer has a personal responsibility with which no one under him ought to interfere. If the education of Military Officers comprehended a knowledge of the principles of sanitary science, Commanding Officers of Regiments might safely be left to their own judgment in adopting sanitary precautions for protecting the health of the men. Such, however, is not the case; and the problem with which we have to deal is, how to supply the Commanding Officer with competent advice on which to form his judgment, and yet keep his supremacy absolute and intact, leaving to the adviser the responsibility of his advice only, and to the Commanding Officer the sole authority to decide.

It has appeared to us that this object could be best accomplished by requiring that the Medical Officer should state to the Commanding Officer, in writing, whatever representation he has to make on any matter affecting the health of the troops; and that the Commanding Officer should take such recommendation into his consideration, and act upon it or not as he thinks right. But in the latter case the Commanding Officer should shortly state his reason for non-compliance in writing, so as to insure that the advice shall not have been inconsiderately rejected, and that the responsibility of the adviser may be covered when the matter comes under review by the superior military authority.

Besides this procedure applicable to regiments, we propose that, in time of war, the Director-General should appoint Medical Officers with special sanitary acquirements, and that such Officers should be attached to the Quartermaster-General's Department, to act as sanitary advisers of that Department. And we propose that these sanitary Officers should state their opinions, in writing, to the Quartermaster-General for his consideration, in the same manner as already stated for Commanding Officers of Regiments.

We propose, further, that there should be on the staff of

every General Hospital a sanitary Officer to see that all parts of the Hospital are in a healthy state, and favourable for the recovery of the sick.

In garrisons, camps, and stations where bodies of troops are collected together, we propose that the Principal Medical Officer should take a general superintendence of the sanitary condition of the place, and state his recommendations, in writing, to the Commanding Officer.

And, lastly, in order to give efficiency to the whole sanitary administration of the Army, we propose that periodical statistical returns and sanitary reports be sent by Medical Officers to the Director-General; and that Inspectors-General and Deputy Inspectors-General of Hospitals should make sanitary inspections at stated times throughout their districts, and report the results to the Director-General.

We have embodied these various propositions in Sections II., VII., VIII., XX., XXI., XXIV., of the Regulations.

We have given so much prominence to Army hygiène in these Regulations, because it must now be considered as a matter of primary importance to the public interests that every resource of modern science should be called into requisition for preserving the health and physical efficiency of the Army.

The change next in importance which we have introduced into the proposed Regulations regards the organization and administration of General Hospitals. In all our wars, General Hospitals, wherever formed, have been unsuccessfully administered.

The Report of the Royal Commission has shown how much this inefficiency has been due to the want of proper organization. The whole hospital system of the British Army is essentially regimental; a system which it is most important to preserve, but which ought not to exclude every other, inasmuch as it is incapable of adapting itself to the hospital requirements of an army in the field, when, as invariably happens before long, the Regimental Hospitals alone prove insufficient for the number of sick.

To this cause is to be attributed much of the excessive mortality of the sick during the late war in the East, and there is no reason to hope that without a change of system the same result will not again occur.

To guard against such a recurrence, the Royal Commissioners have proposed the establishment and organization of a limited number of General Hospitals in time of peace, for the twofold purpose of training Officers for a service indispensable in war, and for enabling the entire staff, if need be, of any of these Hospitals to be removed to any place where a General Hospital may be required in the event of hostilities.

In accordance with these recommendations, we have drawn up regulations, Section VIII., for organizing and administering General Hospitals, the fundamental principle of which is the appointment of a Governor to represent the War Office, through whom alone the whole administration of the Hospital is to be carried on, instead of through the hands of an indefinite number of co-equal departments, with ill-defined duties and responsibilities, and under no supreme authority, except one too distant to control or regulate them, as was the case at Scutari.

We propose that the Governor should have full powers to obtain the requisite labour and transport, and to procure supplies; and that sufficient funds, with such limit as may be thought necessary, be placed at his disposal for that purpose, he accounting direct to the War Office, whose delegate he would be.

We propose that all Officers, excepting the principal Medical Officer (who represents the Army Medical Department) shall be responsible to the Governor solely, and that they should receive instructions from him only; that all requirements of whatever kind, whether for the Hospital buildings, equipments, or supplies, should be provided for directly by the Governor, in whom powers for every such purpose should be vested.

We have in the Regulations apportioned the duties of the various classes of Officers in General Hospitals in such manner as appears to us to be best adapted for practical purposes.

Among these Regulations will be found a code for female nurses to be employed in General, but never in Regimental Hospitals, which we have no doubt will be found sufficient for securing attendance and nursing for the sick.

We have made some changes in the Regulations for Regimental Hospitals, for the purpose of simplifying and facilitating administration.

In the Hospital Regulations generally, we have, in accordance with the opinion of the Royal Commission, liberated the Medical Officers, whenever it is possible, from all duties not strictly professional—a change indispensably necessary for the efficiency of the Medical Officers, in order to enable them to devote more time to the higher duties of their profession, and the better to perform the sanitary duties with which we have now charged them.

It appears to us that the system which has been hitherto followed in providing the equipments and supplies of both General and Regimental Hospitals has been defective, and leads during war to uncertainty, inefficiency, and expense. We have, therefore, proposed in the new Hospital Regulations to make the Purveyor in all General Hospitals the

servant of the Governor. Indeed, among other functions vested in the Governor of a General Hospital by our proposed Regulations, not the least important is that of authorizing and providing the whole supplies and equipments of a Hospital. In performing this duty the Governor is in no way connected with the Purveying Department, excepting in so far as that Department may afford him greater facilities in obtaining what he wants.

The Purveyor in a General Hospital is intended to be simply the Steward of the Governor, from whom he shall receive his instructions, and to whom he shall account for their execution.

We do not propose that in General Hospitals the Purveyor should receive orders from any other but the Governor, or that he should obey the requisitions of other Officers, excepting in as far as the Governor may direct.

In Regimental Hospitals, on the contrary, the Purveyor will continue to be charged with all the duties and responsibilities now usual to his office. But in all Hospitals where there is no Governor, we propose that the Purveyor shall obey the requisitions of the Medical Officer in charge, subject to a report by the Purveyor to the Purveyor-in-Chief in cases of apparent extravagance.

In both cases, however, so far as diets and Hospital equipments are concerned, we have, by a re-adjustment of the diet tables and by authorizing a fixed scale of equipments, almost entirely done away with the necessity for requisitions.

We propose, further, to make the Purveyor responsible for all furniture, stores, and equipments, and likewise for all repairs in Regimental Hospitals, which he is to see immediately executed when the estimated cost does not exceed five pounds.

In General Hospitals we propose that all repairs shall be executed on the order of the Governor.

In order to simplify the accounts, and to save trouble in providing Hospital diets, we have considered it necessary to introduce such alterations in the present diet tables as shall enable nearly all those materials usually considered as "extras" in Military Hospitals to be included among the ordinary diets. In carrying out this system the Medical Officer would have nothing further to do than to mark the initial letter of the diet on the diet-roll, in the ward-book, and on the patient's ticket. The small remaining number of extras, namely, spirits, wine, and malt liquor, will be prescribed separately, and in order to prevent unnecessary loss of time, in cases of emergency, we propose that a certain quantity of medical comforts shall be kept in each ward, to be given out on the signature of the Medical Officers.

We find that the existing regulations make no adequate provision for the equipment of Hospitals; and, as the completeness of such equipments is absolutely essential to the recovery of the sick, we have adopted as a principle that the Purveyor should in all cases equip every Hospital according to a scale which we have laid down in Section XVIII. of the Regulations, and that he shall keep such a reserve in store as will enable him to maintain the equipment.

The experience of the late war having proved that the existing method of equipping and supplying Field Hospitals is defective, we have endeavoured to remedy this great evil by drawing up a new set of Regulations, Section XIX., for Field Hospitals.

At present the medical superintendence for Field Hospitals is not sufficient.

The Army Medical Department may or may not have transport for the sick and wounded and for the Hospital stores.

In a case where humanity would suggest that the greatest prudence and forethought should be exercised in alleviating human suffering, the necessities of the sick and wounded are left subject to the ordinary accidents and contingencies of the field.

We propose therefore, by Section XIX., that in future, when an Army takes the field, the Director-General shall have power to appoint a field inspector to assist the Principal Medical Officer, whose time is necessarily much occupied with the details of his office, in keeping a general oversight over all the Hospitals of the Army. We propose further, that a fixed amount of transport for sick and wounded, and for the Military Hospitals, should, on the requisition of the Director-General, be placed at the disposal of the Principal Medical Officer, to be added to on the requisition of the Medical Officer, so far as the exigencies of the service may permit, in case of unforeseen deficiency.

We have in the same section of the Regulations required that when an Army takes the field in time of war, Field Hospital equipments, in the proportions laid down for a battalion, brigade, and division, shall accompany the troops, and by Regulation 8 of Section XIX., we have further required that, whenever a regiment embarks for the field, its scale of Hospital equipments shall be embarked with it.

We find that in several important particulars, the existing Hospital Regulations are silent.

There are no printed regulations for conducting inspections by Inspectors-General and Deputy-Inspectors-General of Hospitals.

There are no printed regulations respecting a roster of service.

There are no printed regulations for the African coast service.

And there are no printed regulations for the medical care of troops and sick on board transport ships, though on some of these heads lithographed circulars have from time to time been issued.

We have supplied these defects in Sections II., IV., V., and XXII.

Besides the changes stated above, we have introduced amendments in the remaining regulations to render them more efficient, and we have recast the instructions placed at the end of the Regulations.

Another subject which was referred to our Commission was, to introduce certain sanitary alterations into the Quartermaster-General's instructions. Our proposed changes refer to the appointment of a Sanitary Officer to be attached to that Department in time of war; and we hope that, with the able assistance of the Quartermaster-General, we have so arranged the duties and responsibilities as that the Quartermaster-General's Department shall have the advantage of the best scientific advice, together with that entire liberty of action which is indispensable to the due performance of its duties.

The only remaining subject included in our instructions refers to certain modifications required to be introduced into the Barrack regulations. The most important of these are inferred in the sanitary regulations, Section XX.

We have not yet been able to revise those portions of the existing regulations for the Barrack service, or of the Queen's Regulations, referred to in our instructions, but we hope before long to address ourselves to the task.

Should any questions arise respecting any part of the accompanying Regulations, if you will have the goodness to refer them to me, I shall be happy again to submit them to the Commission.

I have the honour to be,

Your obedient servant,

SIDNEY HERBERT.

The Right Hon. Major-General J. Peel,
Secretary of State for War.

INDEX.

Page

I.—Constitution and Functions of the Army Medical Department - - - - - - - - 27

1. Director-General - - - - - - - - 27
2. Heads of Departments - - - - - - - 27
Medical - - - - - - - - - 27
Sanitary - - - - - - - - - 27
Statistical - - - - - - - - - 28
Inspecting Ranks— - - - - - - - - 28
Inspector-General - - - - - - - - 28
Deputy Inspector-General - - - - - - 28
Hospital Ranks— - - - - - - - - 28
Staff and Regimental Surgeon - - - - 28
Staff and Regimental Assistant-Surgeon - - - 28
Dispensing Department— - - - - - - 28
Apothecaries - - - - - - - - 28
Dispensers - - - - - - - - - 28

II.—Duties of Inspectors and Deputy-Inspectors-General - - - - - - - - - 28

1. Times of Inspections - - - - - - - 28
2. To see to carrying out of Regulations - - - 28
3. To examine Records - - - - - - - 28
4. To ascertain the Mortality from Zymotic and other Diseases - - - - - - - - - 28
5. And their causes - - - - - - - - 29
6. To advise with Medical Officer on the same - - 29
7. As to Sanitary Condition of Barracks, &c. - - 29
8. Cleanliness, Ventilation, &c. - - - - - - 29
9. As to number of Inmates - - - - - - 29
10. Drainage - - - - - - - - - 29
11. Rations and Cooking - - - - - - - 29
12. Lavatories, Baths, &c. - - - - - - - 29
13. Gymnastics and Games - - - - - - - 29
14. Water - - - - - - - - - 29
15. Local Malaria - - - - - - - - 29
16. Sanitary State of Hospitals - - - - - - 29
17. As to proper number of Sick - - - - - - 30
18. Whether excreta are promptly removed - - - 30
19. Baths, Lavatories, &c., of Hospitals - - - 30
20. Vicinity of Hospital - - - - - - - 30
21. Cleanliness - - - - - - - - - 30
22. Kitchen Arrangements - - - - - - - 30
23. Diets and Cooking - - - - - - - - 30
24. Diet Tables - - - - - - - - - 30

Page

25. Medical Attendance - - - - - - 30
26. Whether Hospital has been unhealthy - - - 30
27. Hospital Epidemics - - - - - - 30
28. State of Surgery - - - - - - - 30
29. Surgical Instruments - - - - - - 30
30. Hospital Stores - - - - - - - 31
31. Repair of Hospital - - - - - - 31
32. Discipline of Hospital - - - - - - 31
33. Convalescent and Lunatic Wards - - - - 31
34. Complaints - - - - - - - - - 31
35. Operating and Dead Rooms - - - - - 31
36. Burial of the Dead - - - - - - 31
37. Report of Inspections to Commanding Officer and Director-General - - - - - - 31

III.—Duties of Staff-Surgeons and Staff Assistant-Surgeons - - - - - - - - - 31

1. Staff-Surgeons and Surgeons-Major. Appointment. 31
2. To do Executive Duty in Hospitals - - - 32
3. To take charge of Regiments - - - - - 32
4. To act in Recruiting Districts - - - - 32
5. To take charge of Depôt Battalions and Prisons - 32
6. Of general or other Staff - - - - - 32
7. Of Invalids, Troops or Sick on board Ship - - 32
8. Staff Assistant Surgeons' Duties - - - - 32

IV.—Roster of Service - - - - - - 32

1. Roster of Service to be kept for Inspection - - 32
2. Also in the Colonies and Foreign Stations - - 32
3. Priority of Re-appointment, to whom given - - 32
4. Duration of Staff Appointments - - - - 33

V.—West Coast of Africa - - - - - - 33

1. Service and Leave of Absence - - - - 33
2. Promotion - - - - - - - - - 33
3. Removal to the Line - - - - - - 33

VI.—Duties of Regimental Medical Officers - - 33

1. Superintendence and Control - - - - 33
2. Regimental Surgeon - - - - - - 34
3. Station of Medical Officers - - - - 34
4. On March - - - - - - - - - 34
5. Surgeon to visit Outposts - - - - - 34
6. Transfer of the Sick on a change of Quarters, or on removal of Invalids from one Hospital to another. Discharge of Patients - - - - - 34
7. Sick may be placed under Private Practitioners - 35
8. Sick Men to be placed in Hospital of another Corps - 35
9. Report to Director-General - - - - - 35
10. Expense of removing the Sick - - - - 35
11. Arrangements when a Regiment proceeds upon Foreign Service - - - - - - 35

Page

12. Medical Officers to report on arrival of Regiment at home or abroad - - - - - - - - 36
13. Arrangements when a Medical Officer is removed - 36
14. Arrival from, or Departure for, a Foreign Station, to be reported - - - - - - - - 36
15. Attendance at the Hospital - - - - - - 36
16. Registration of Cases - - - - - - - 37
17. Medical Inspection of Prisoners - - - - 37
18. Capital Operations - - - - - - - 37
19. Leave of Absence - - - - - - - - 37
20. Leave of Absence for Study - - - - - 37
21. Detachments without a Medical Officer - - - 37
22. Private Practitioners receiving Contract Rates - 38
23. Bills of Private Practitioners not receiving Contract Rates - - - - - - - - - 38

VII.—Hospitals - - - - - - - - - 38

1. Sanitary Duties - - - - - - - - 38
2. Cubic Space - - - - - - - - - 38
3. Lighting and Warming - - - - - 39
4. Inspection of Buildings for Hospitals - - - 39
5. Sanitary Police of Hospitals - - - - - 39
6. Convalescent Wards - - - - - - 40
7. Hospital Bedding - - - - - - - 40

VIII.—Organization of General Hospitals - - 40

1. Organization - - - - - - - - 40
2. Duties of Governor. Discipline - - - - 40
3. To provide Equipments, &c. - - - - - 40
4. Jurisdiction - - - - - - - - 40
5. Vacancies to be temporarily filled up - - - 40
6. Execution of Repairs - - - - - - 41
7. Stores to be complete - - - - - - 41
8. To countersign Drafts - - - - - - 41
9. To account to Secretary of State for War - - 41
10. To receive and decide on Recommendations - - 41
11. To administer Discipline - - - - - 41
12. To reside in the Hospital precincts - - - - 42
13. Principal Medical Officer to act during Absence of Governor - - - - - - - - 42
14. Principal Medical Officer - - - - - 42
15. To have Control of Medical Department - - - 42
16. To superintend the Treatment of the Sick - - 42
17. Cooking, Clothing, &c. - - - - - - 42
18, 19. Lists to be made out - - - - - - 42
20. To report to Governor Neglect of Duty, &c. - - 42
21. To inquire as to carrying out his Instructions - - 43
22. Apothecary. Responsible for Medical Stores, &c. - 43
23. Sanitary Officer. Duties - - - - - 43
24. Purveyor responsible solely to Governor - - - 43
To provide Diets, &c. and keep up Ward Equipments 43
25. To make Contracts for Supplies, &c. - - - 43

Page

26. To prepare Estimates - - - - - - - 44
27. To be responsible for Hospital Stores - - - 44
28. To keep Stores and Supply Books - - - - 44
29. Custody of Soldiers' property - - - - - 44
30. Paymaster to keep Accounts - - - - - 44
To act as Paymaster for Officers, &c. - - - 44
31. To receive and account for Funds - - - - 44
To audit Accounts, &c. - - - - - - - 44
32. Captain of Orderlies. Duties - - - - - 44
33. To furnish Estimates - - - - - - - 45
34. To be responsible for Furniture, &c. - - - 45
35. To see Repairs executed - - - - - - 45
36. That Wards are properly ventilated, lighted, and warmed, &c. - - - - - - - - 45
37. To prepare Lists of Furniture, &c. - - - - 45
38. To see to Diets and Cooking - - - - - 45
39. To receive and pay Wages - - - - - 45
40. To make up Diet Rolls - - - - - - 45
41. Washing - - - - - - - - - 46
42. Wardmaster to see that Nurse's Orders are carried out. Assistant Wardmaster - - - - 46
43. To make up Diet Rolls, &c. - - - - - - 46
44. To communicate Complaints to Captain of Orderlies - 46
45. Orderlies. Number to be appointed - - - 46
46. To obey Directions of Nurse - - - - - 46
47. Cooks - - - - - - - - - - 46
48. Registrar. Duties. Statistics - - - - 47
49. To make abstracts of Hospital Books - - - 47
50, 51, 52. Nursing in General Hospitals. Superintendent-General of Nurses - - - - - - - 47
53. One Superintendent for each General Hospital where there are Nurses - - - - - - - - 47
54. Nurses not to exceed one for twenty-five sick - - 47
55. Duties of Superintendents and Nurses - - - 48
56. Ward Medical Officer to give directions to Nurse - 48
57. Medical Officer to report neglect of duty of Nurse immediately to Superintendent - - - - 48
58. Principal Medical Officer to communicate directly with Superintendent - - - - - - - 48
59. Quietness to be maintained in Hospitals - - - 48
60. Governor or Principal Medical Officer to appoint visiting hours - - - - - - - - - 48

IX.—Regimental Hospital Regulations - - - 48

1. Hospital in Barracks - - - - - - - 48
2. Hospital in Quarters - - - - - - - 49
3. Hospital in Camp - - - - - - - - 49
4. Assistant Wardmaster and Assistant Steward to be appointed - - - - - - - - - 49
5. Duties of Assistant Wardmaster - - - - 49
6. Duties of Assistant Steward - - - - - 50

Page

7. Cook - - - - - - - - - - 50
8. Orderlies - - - - - - - - 50
9. Duties of Orderlies - - - - - - 50
10. Quietness in Hospitals - - - - - - 50
11. Ventilation of Hospital Marquee - - - - 50
12. Hospital Sentries - - - - - - - 51
13. Diet of the Sick - - - - - - - 51
14. Diet Rolls - - - - - - - - 51
15. Abstract of Diets - - - - - - - 51
16. List for Stoppages - - - - - - 51
17. Extras to be kept on hand - - - - - 51
18. Diet, how to be provided - - - - - 52
19. Meat, Bread, &c. - - - - - - - 52
20. Articles of Diet to be weighed in presence of Patients 52

X.—Medical Attendance in Cases of Insanity - 52

Insane Officers and Soldiers - - - - - 52

XI.—Medical Attendance on Sick Soldiers of other Corps and Sick Sailors - - - - - - 53

Sick Soldiers of other Corps and Sick Sailors - 53

XII.—Medical Attendance on Sick Women and Children - - - - - - - - 53

Medicine and Attendance for Sick Women and Children, and for Officers' Servants - - - 53

XIII.—Medical Attendance on Staff Officers, Office-Keepers, Orderlies, Labourers, &c. - 53

1. Medical Aid for Staff-Officers of Pensioners, &c. - 53
2. Clerks, &c. - - - - - - - - - 53
3. Domestics - - - - - - - - - 54
4. No separate bills of Private Practitioners - - 54
5. A nominal list of persons entitled to attendance to be supplied - - - - - - - - - 54
6. Attendance to Assistants on Survey - - - 54

XIV.—Medical Inspection for Enrolment and Attendance on Pensioners. List of Men on Sick Furlough - - - - - - - - - 54

1. Medical Inspection of Pensioners - - - - 54
2. Employment of Private Practitioners - - - 54
3. Pensioners on duty to be considered as Soldiers - 54
4. Men on Sick Furlough, &c. - - - - - 55

XV.—Medical Treatment, Invaliding, &c. of Sick Officers - - - - - - - - - 55

XVI.—Diet Table - - - - - - - - 59

1. Diet Table - - - - - - - - - 60
2. Instructions as to Diets - - - - - - 61
3. Extras - - - - - - - - - 62
4. Variations during War - - - - - - 62

Page

XVII.—Discharge of Soldiers - - - - - 62

1, 2. Discharge of Soldiers for Disability - - - 62
3. Weakly men to be recommended for Discharge - 62
4, 5. Documents to accompany Discharged or Transferred Soldier - - - - - - - - - 63

XVIII.—Duties of Purveyor - - - - - 63

1. To provide Hospital Stores - - - - - 63
Purveyor's Scale of Hospital Equipments - - 63
2. To obey Requisitions of Medical Officer - - - 68
3. To see to Repairs of Hospital - - - - 68
4. To undertake Duties of Supply and Account, &c. - 68
5. Washing of Linen - - - - - - - - 68
6. Clothing of Patients - - - - - - - 69
Change Linen for Patients - - - - - 69

XIX.—Regulations for Field Hospitals - - - 69

1. Field Medical Inspector to be appointed - - - 69
2. Director-General to prepare Lists of Medicines, &c. - 69
3. Wheel Transport - - - - - - - - 69
4. Equipments in Time of War - - - - - 69
Battalion Equipment - - - - - - 70
Brigade Equipment - - - - - - 71
Division Equipment - - - - - - 73
5. Stores to be in charge of Purveyor's Clerk and Dispenser - - - - - - - - - 77
6. Requisitions in case of Deficiency - - - - 77
7. Augmentation of Scale of Field Hospital Equipments - - - - - - - - - 77
8. Equipment to be sent with the Troops - - - 77
9. Hospital supplies in the Field - - - - 77

XX.—Sanitary Regulations - - - - - 77

1. Sanitary Duties of the Army Medical Department - 77
2. Personal Hygiene of Troops. Inspection of Recruits - 78
3. Periodical Inspection for Detection of Disease - - 78
4. Vaccination. Small-pox. Revaccination - - 78
5. Inspection of Lavatories and Baths - - - - 78
6. Personal Cleanliness - - - - - - 79
7. Gymnastics and Games - - - - - - 79
8. Rations, Drink, Cooking, &c. - - - - - 79
9. Barracks, Quarters, and Hospitals. Approval of Plan and Site of Barracks and Hospitals - - 79
10. Cubic space to be allowed - - - - - 79
11. Selection of Quarters or Hospitals - - - - 79
12. Distance of Beds - - - - - - - 79
13. Number of Men the same as painted on the Door - 80
14, 15. Ventilation and Lighting - - - - - 80
16. Means of Ventilation to be efficient - - - 80
17. Opening of Windows - - - - - - 80

Page
18. Beds to be exposed - - - - - 80
19. Barracks to be Limewashed - - - - 80
20. Inspection of Quarters - - - - - 80
21. Inspection of Barracks by Medical Officer - - 80
22. Garrisons, Camps, and Stations. Duties of Sanitary Officer - - - - - - - - - 81
23. To watch over the Sanitary State of Garrison or Station - - - - - - - - - 81
24. To recommend Precautions to Commanding Officer - 81
25. To recommend Measures for Preventing Epidemic Diseases - - - - - - - - - 81
26. Copies of Recommendation to be sent to Principal Medical Officer and Director-General - - - 81
27. Commanding Officer to consider and give effect to recommendations - - - - - - - 82

XXI.—Sanitary Regulations for Field Service - 82

1. Duty of Director-General - - - - - 82
2. Director-General to appoint Sanitary Officer - - 82
3. Director-General to issue Sanitary Instructions - 82
4. Sanitary Officers to make Inspections of Buildings, and to advise Quartermaster-General - - - 82
5. Also of Towns and Villages - - - - - 83
6. Inspection of Camp Sites - - - - - 83
7. Sanitary Officer to superintend Sanitary Arrangements 83
8. To recommend Precautions for preventing Disease - 83
9. Principal Medical or Sanitary Officer to give advice to Commander of the Forces - - - - - 84
10. Principal Medical or Sanitary Officer to issue Sanitary Instructions - - - - - - - - 84
11. Prevention of Zymotic Disease - - - - 84
12. Sanitary Regulations for Troops on march - - 84
13. Refreshment for Troops before a march - - 85
14. Principal Medical Officer to report to Director-General - - - - - - - - - 85
15. Medical Officer to Report - - - - - 85
16. Sanitary Officers to Report - - - - - 85

XXII.—Transport Ships - - - - - - - 85

1. Director-General to report on sick Transport - - 85
2. Preliminary Inspection of Transports - - - 85
3. Medical Officer to recommend precautionary measures 86
4. Sanitary Duties on board Transport Ships - - 86
5. Disembarkation of troops or sick - - - - 86

XXIII.—Surgical Instruments, Medicine Chests and Medicines - - - - - - - - - - 87

1. Instruments for the Surgeon - - - - - 87
2. Instruments for the Assistant Surgeon - - - 87
3. Loss or Damage of Surgical Instruments - - 87
4. Steel Trusses may be purchased, &c. - - - 87

Page

5. Medicine Chests - - - - - - - - 88
6. Supply of Medicines, &c., for Troops embarking on Foreign Service - - - - - - - - 88
7. Purchase of Medicines, &c. - - - - - - 88
8. Mode of obtaining Supplies of Medicine, and Annual Reports on their Qualities, &c. - - - - - 88
9. Disposal of Empty Bottles and Packages on Home Service - - - - - - - - - 89
10. On Foreign Service - - - - - - - 89
11. Leeches - - - - - - - - - 90
12. Steel Trusses - - - - - - - - 90

XXIV.—Regulations for Statistical and Sanitary Reports and Returns - - - - - - 90

1. Recruiting Returns - - - - - - - 90
2, 3. Discharging and Invaliding Returns - - - 90
4. Regimental Books and Returns - - - - 91
(1.) Medical Histories Book - - - - 91
(2.) Admission and Discharge Book - - - 91
(3.) Statistical Nosology - - - - - 91
(4.) Medical Certificate Book - - - - 91
(5.) Medical Case Book - - - - - 91
(6.) Letter Book - - - - - - - 91
(7.) Diary - - - - - - - - - 91
(8.) Vaccination Register - - - - - 91
(9.) Register of Recruits - - - - - 91
5. General Hospital Books - - - - - 91
(1.) Admission and Discharge Book - - - 91
(2.) Medical Case Book - - - - - 92
(3.) Ward Book - - - - - - - 92
(4.) Letter Book - - - - - - - 92
(5.) A necrological Register - - - - 92
6. Depôt Books - - - - - - - - 92
(1.) Admission and Discharge Book - - - 92
(2.) Medical Histories Book - - - - 92
(3.) Medical Case Book - - - - - 92
(4.) Diary - - - - - - - - - 92
(5.) Letter Book- - - - - - - - 92
(6.) Register Book for Vaccination - - - 92
(7.) Register of Recruits - - - - - 92
(8.) Reports on Recruits - - - - - 92
7. Statistical and Sanitary Returns - - - - 92
(1.) Weekly Regimental Return of Sick - - 92
(2.) Monthly Sanitary Report - - - - 93
(3.) Annual Sanitary Report - - - - 93
8. Depôt Statistical and Sanitary Report - - - 93
9. General Hospital Weekly State - - - - 93
10. (1.) Principal Medical Officer's Quarterly Return and Monthly Report - - - - - - 93
(2.) Principal Medical Officer's Annual Report - 94
11. Reports of Epidemic Disease in a Garrison - - 94

Page
12. Epidemic Diseases among Troops - - - - 94
13. Reports to include Strength, Service, and Ages of Troops - - - - - - - - - - 94
14. (1.) (2.) (3.) Medical Statistics of an Army in the Field 94
15. Classified Return of Operations - - - - 95
16. Quarterly Register of Deaths - - - - 95
17. Admission and Discharge Book and Medical Case Book for Officers - - - - - - 95
18. Reports to be according to Instructions - - - 95
19. Detailed Medical Reports of Fatal Cases - - - 95

XXV.—Business Returns and Correspondence - - 96
1. (1.) (2.) (3.) (4.) Returns from Foreign Stations from Principal Medical Officer - - - - - 96
2. General and Regimental Hospitals - - - - 96
(1.) Half-yearly Return of Medicines - - - 96
(2.) Annual Report on Medicines, &c. - - - 96
(3.) Guard Book - - - - - - - - 96
(4.) Diet Rolls - - - - - - - - 96
3. Quarterly Returns of Seamen and Marines - - 96
4. Monthly Return of Men - - - - - 97
5. Postage and Stationery - - - - - - 97
6. Copies of Reports on Medical Subjects to be sent to Army Medical Department - - - - - 97
7. Correspondence - - - - - - - - 97
8. (1.) (2.) (3.) (4.) (5.) (6.) Mode of Corresponding with the Army Medical Department - - - - 97

XXVI.—Abrogation of Previous Regulations - - 98

INSTRUCTIONS ON THE PRECEDING REGULATIONS.

Page

I.—Instructions regarding the Surgical Inspection of Recruits - - - - - - - - - 99

II.—Instructions for Medical Officers regarding the Invaliding of Soldiers at Home and Abroad - 103

III.—Instructions to Medical Officers in Making up Annual Reports - - - - - - - 107

IV.—Instructions regarding Returns and Accounts of Medical Comforts on board Ship - - 111

V.—Instructions regarding the Care and Treatment of Officers and Men suffering from Mental Diseases - - - - - - - - - 114

VI.—Instructions to Medical Officers for Filling up the Statistical Returns - - - - - 115

VII.—Regulations for Nurses - - - - - 123

Duties of Superintendent-General. To appoint Superintendent of Nurses ; one to each Hospital - - 123
Power of transferring Superintendents and Nurses - 123
Duties of Superintendent-General during war - - 123
To visit and place Nurses in new Hospitals - - - 123
She may suspend or dismiss Superintendents - - 123
She may give directions to Superintendents - - 123
To decide on appeals from Nurses - - - - 123
To make up Annual Estimates - - - - - 124
To pay Salaries and Wages - - - - - 124
To keep Books and Accounts - - - - - 124
To make up Abstracts of Rations - - - - 124
To make Visits of Inspection - - - - - 124
To report to Secretary of State for War - - - 124
Duties of Superintendent of Nurses. Responsible for nursing - - - - - - - - - 124
To allot Duties and watch over Nurses - - - 124
To see Duties properly performed - - - - 124
May suspend Nurses - - - - - - - - 125
May dismiss Nurses under appeal - - - - 125
Dismissal to be under sanction of Superintendent-General - - - - - - - - - 125
Superintendent to pay Nurses - - - - - 125
Superintendent responsible for Linen - - - - 125
Superintendent to keep Books and Accounts - - 125
Superintendent to draw Rations - - - - - 126
To make up Monthly Abstracts of Rations - - - 126
To report on the efficiency of Nurses - - - - 126
Age, Service, and Retirement of Superintendents - 126
Age of Nurses - - - - - - - - 127

Page

Requirements for Appointment - - - - - 127
Wages and Pension - - - - - - - - 127
Rations - - - - - - - - - - 128
Porter, &c. - - - - - - - - - 128
Dress - - - - - - - - - - 128
To be given up on dismissal - - - - - 128
No Nurse to receive a present - - - - - 128
Dismissal for intoxication - - - - - - 129
Cannot be re-engaged - - - - - - 129
Pay to cease on dismissal for misconduct - - - 129
Travelling expenses on returning home sick - - 129
Nurses must be generally useful on War Service - - 129
Lodging to be conveniently situated - - - - 129
Hours of Exercise - - - - - - - 129
Visitors' days - - - - - - - - 129
Rest and recreation - - - - - - - 129
One Nurse for each Ward - - - - - - 130
Superintendent to appoint times of duty - - - 130
Duties of Nurses. Nurse to receive and obey orders of Medical Officer - - - - - - - - 130
Nurse responsible for cleanliness of Wards and obedience of sick - - - - - - - - - - 130
To require Orderlies to obey her - - - - 130
To obey directions of Superintendent - - - - 130
Diets, &c., to be brought into the Wards - - - 130
Hours for Medicines, Diets, &c., to be fixed - - 131
Nurse to administer Medicines, Wine, Spirits, and Malt Liquor - - - - - - - - - 131
Unpaid Superintendents and Nurses to obey Regulations - - - - - - - - - - 131

VIII.—Additional Sanitary Instructions for Quarter-Master General's Officers - - - - 131

IX.—Statistical Forms - - - - - - - 135

X.—Administrative Forms - - - - - - - 165

XI.—Diet Rolls, Diet Sheet, and Hospital Stoppage Account - - - - - - - - - 219

Form for Times of administering Medicine.

XII.—Regulation Contents of Instrument Cases, Medicine Chests, &c. - - - - - - - 229

XIII.—Warrant regulating the Rank, Pay, Promotion, and Retirement of Army Medical Officers - 239

XIV.—Rules for the Examination of Assistant-Surgeons previous to Promotion - - - 244

REGULATIONS.

HER MAJESTY having been pleased to approve of the following Regulations for the duties of Medical Officers, the management of General and Regimental Hospitals, and the preservation of the health of the Army, all Commanding Officers, Medical Officers, and other persons concerned in the health of the troops, in the care of sick Soldiers, and in the management of Hospitals, are enjoined to act in strict conformity with the same.

I.—CONSTITUTION AND FUNCTIONS OF THE ARMY MEDICAL DEPARTMENT.

The Medical Department of the British Army is constituted as follows:—

1. Director-General, who is the sole responsible Administrative Head. DIRECTOR-GENERAL.

2. Three Heads of Departments to aid the Director-General with their advice, and to work the routine details of their Departments, subject, however, to the control of the Director-General, who may, on his own responsibility, accept or reject any advice so tendered. They will also preside over and sit as members of Medical Boards, when deemed necessary by the Director-General. Three Heads of Departments.

The following are the Heads of Departments:—

(1.) A Medical Head, to give advice and assistance on all subjects connected with the Medical Service and Hospitals of the Army. Medical.

(2.) A Sanitary Head, to give advice and assistance on all subjects connected with the hygiène of the Army. Sanitary.

Statistical.

(3.) A Statistical Head, who will keep the Medical Statistics, Case-books, Meteorological Registers, and all other Statistical documents.

The Heads of the Medical and Sanitary Departments will make inspections of Hospitals, Barracks, Camps, &c., when deemed necessary by the Director-General.

Inspecting Ranks.

3. The inspecting ranks under the Director-General are those of—

Inspector-General.

(1.) Inspector-General of Hospitals.

Deputy Inspector-General.

(2.) Deputy Inspector-General of Hospitals.

Executive Ranks.

4. The executive ranks are—

Staff and Regimental Surgeon.

(1.) Staff and Regimental Surgeon, including Surgeon-Major.

Staff and Regimental Assistant Surgeon.

(2.) Staff and Regimental Assistant-Surgeon.

Dispensing Department.

5. The Dispensing Department is under the following Officers:—

Apothecaries.

(1.) Apothecaries.

Dispensers.

(2.) Dispensers.

II.—Duties of Inspectors-General and Deputy Inspectors-General.

Times of Inspections.

1. Inspectors-General and Deputy Inspectors-General are to make visits of inspection throughout their districts, at such times as the Director-General may appoint, in conformity with the following instructions:—

To see to carrying out of Regulations.

2. The Inspecting Medical Officer is required to see that all regulations for protecting the health of Troops in Barracks, Garrisons, Stations, or Camps; for securing the sanitary condition of Hospitals, and for the careful treatment of, and attendance on the sick, are duly observed.

To examine Records.

3. He is to examine the medical, sanitary, and statistical records, to see whether they have been properly kept.

To ascertain the Mortality from Zymotic and other Diseases.

4. He is to ascertain from them the amount of disease and mortality among the troops, especially from pulmonary diseases, and from diseases of the zymotic class, such as cholera, fever, dysentery, diarrhœa, scorbutus, &c.

5. He is to inquire into the causes of such diseases, and into the steps which may have been taken for their prevention or mitigation. — And their causes.

6. He is to advise with the Medical Officer on any measures for the mitigation or prevention of disease that may be required: and he is to recommend to him, in writing, any additional precautions that he may consider requisite. — To advise with Medical Officer on the same.

7. He is to satisfy himself as to the sanitary condition of Barracks, guard-rooms, day-rooms, school-rooms, reading-rooms, and prison cells. — As to Sanitary condition of Barracks, &c.

8. As to their cleanliness within and without; their ventilation, warming, and lighting. — Cleanliness, ventilation, &c.

9. He is to ascertain whether the number of men accommodated in any barrack or guard-room exceeds the number prescribed by regulation. — As to number of Inmates.

10. He is to satisfy himself that the drainage, latrines, urinals, ash-pits, &c., are in a good sanitary condition. — Drainage.

11. That the rations are good; that the kitchen utensils are sufficient and in good order; and that the cooking is sufficiently varied. — Rations and Cooking.

12. That the lavatories and baths are sufficient for the number of men, and that the baths are sufficiently used, and bathing parades sufficiently frequent. — Lavatories, Baths, &c.

13. That games and gymnastic exercises are so conducted as to conduce to the health of the troops and to prevent injury. — Gymnastics and Games.

14. That the water supply is good and abundant; that wells are properly covered, and that there is no soakage from cesspools, drains, &c., into them. — Water.

15. He is to examine into any sources of local malaria in the vicinity of the Garrison, Station, Barrack, Camp, or Hospital, with the view to recommending suitable precautionary measures in regard to them. — Local Malaria.

16. He is to satisfy himself that the drainage, ventilation, cleanliness, water supply, water-closets, latrines, urinals, and sinks of every Hospital are in good condition, and that the means of warming and lighting every Hospital are sufficient. — Sanitary State of Hospitals.

As to proper number of Sick.

17. He is to ascertain whether the number of sick in each Hospital ward exceeds the number prescribed by regulation.

Whether excreta are promptly removed.

18. He should satisfy himself that the excreta of the sick are promptly removed from the wards.

Baths, Lavatories, &c., of Hospitals.

19. That the sick have suitable means of cleanliness, and that the baths and lavatories connected with the Hospital are sufficient and in good condition.

Vicinity of Hospital.

20. That the vicinity of the Hospital is in a good sanitary condition.

Cleanliness.

21. Also, as to the cleanliness and sufficiency of the bedding, linen, ward furniture, and utensils.

Kitchen Arrangements.

22. As to the sufficiency of the kitchen arrangements and utensils.

Diets and Cooking.

23. As to the quality, variety, and cooking of the diets.

Diet Tables.

24. That the diet tables are in accordance with these regulations and properly hung up in the wards.

Medical Attendance.

25. That the medical attendance and nursing of the sick are efficient.

Whether Hospital has been unhealthy.

26. He should ascertain whether there has been any unusual amount of disease or mortality originating within the Hospital, and, if so, its cause.

Hospital Epidemics.

27. Whether erysipelas, hospital gangrene, fever, dysentery, cholera, or any other epidemic disease, has shown itself in the Hospital, among the sick or attendants; whether wounds heal easily, and cases of disease recover readily; he should endeavour to trace to its causes any epidemic disease that may exist and in consultation with the medical officer in charge to decide upon the means of preventing or mitigating such disease.

State of Surgery.

28. He should satisfy himself as to the state of the surgery, the quality and supply of medicines and medical comforts, and the means of preparing and dispensing medicines.

Surgical instruments.

29. As to the condition and sufficiency of the surgical equipments and instruments.

30. As to the state of the Hospital stores. Hospital Stores.

31. As to the state of repair of the Hospital. Repair of Hospital.

32. As to the state of discipline of the Hospital, and whether due order and quiet are observed, and the orders of the medical officer properly attended to. Discipline of Hospital.

33. He should see that the convalescent and lunatic wards are kept clean and properly ventilated, and the attendance and diets good. Convalescent and Lunatic Wards.

34. He should listen to all complaints or disputes in the Medical Department, and endeavour to arrange them, so that the service may not suffer. Complaints.

35. He is to inspect the operating-rooms, dead-rooms, and post-mortem rooms, to see that they are suitably provided with tables and other appliances, and are clean, well supplied with water, well ventilated, and warmed, if necessary. Operating Rooms.

36. He is to inquire as to the arrangements for the burial of the dead, and whether they are sufficient to prevent injury to health, and whether they are properly attended to. Burial of the Dead.

37. To prevent loss of time, the Inspecting Officer should give any advice, in writing, on the spot, that may appear requisite, on any matter included under these Instructions, to the Commanding Officer and Medical Officer of the Regiment or Corps, and as soon as his inspection is completed he should report, in detail, to the Director-General, stating fully all defects in the medical, sanitary, and statistical departments of the service, the recommendations he has made, with the result of the same, with any suggestions for improvement that may occur to him. On Foreign Service a similar report should be sent by the Inspecting Medical Officer to the General Commanding the Forces, as well as to the Director-General. Report of Inspections to Commanding Officer and Director-General.

III.—Duties of Staff Surgeons and Staff Assistant Surgeons.

1. Staff Surgeons, and Surgeons Major, not belonging to a Corps, will be employed on general service, and will be appointed to, transferred, or removed from their stations, by the Director-General, and they are placed under the orders of the Principal Medical Officer, who will employ them where their services are most required. Staff-Surgeons and Surgeons-Major.—Appointment.

To do Executive Duty in Hospitals.

2. They will do executive duty in any General or other Hospital to which they may be appointed.

To take Charge of Regiments, if required.

3. They will take Medical charge of any Regiment in the absence of the Regimental Surgeon, if required, and perform all the duties required by these regulations.

To act in Recruiting Districts.

4. They will be employed in recruiting districts, and in such case they are strictly to comply with the regulations as to the Medical Inspection of recruits, and see that great care is taken in the selection of recruits.

To take Charge of Depôt Battalions, and Prisons.

5. They are to take Medical charge of Consolidated Depôt Battalions and Military Prisons when required.

Of general or other Staff.

6. They are to take Medical charge of the General, Commissariat, or other Staff in the Colonies.

Of Invalids, Troops, or Sick on board Ship.

7. They are to do duty on board ship conveying either invalids, sick, or duty men.

Staff Assistant Surgeons.

Duties.

8. Staff Assistant-Surgeons are to undertake any general service on which they may be appointed, except duty in recruiting districts, on which they are not to be employed. All Assistant-Surgeons will, whenever possible, be appointed to a Regiment, where they will remain at least twelve months, before they are removed to the Staff.

IV.—Roster of Service.

Roster of Service to be kept for Inspection.

1. With a view to prevent delay when Staff Medical Officers are ordered on foreign service, and in order that every Officer may be prepared to take his turn of duty abroad, there shall be kept and hung up for inspection at the Office of the Director-General, a Roster of the Officers on duty at home; and it is to be considered as a general rule, in accordance with such Roster, that those officers who have been for the longest period at home, shall be the first to proceed abroad.

Also in the Colonies and foreign Stations.

2. In all Colonies and foreign Stations a similar roster shall be kept for inspection at the office of the Principal Medical Officer, showing the dates of the arrival of the Medical Officers in the Colony or Station, and those Officers who have been longest in the Colony or Station shall be the first to proceed home.

Priority of Re-Appointment, to whom given.

3. Priority of re-appointment is in all cases to be given to Officers, if fit to serve, according to the order in which they

were placed on half-pay. Provided always, that should the interests of the service require it, the Director-General may recommend to the Secretary of State that the Roster may for special reasons be departed from.

Duration of Staff appointments.

4. Staff appointments on foreign service to be for five years except to unhealthy stations, such as Jamaica, the Windward and Leeward Islands, Bermuda, Ceylon, and Hong-Kong, where the periods shall be limited to three years, unless such period be incompatible with the interests of the public service.

V.—West Coast of Africa.

Service and Leave of Absence.

1. Each Medical Officer volunteering for the West Coast of Africa will be required to serve at one of the stations on the Coast for a period of twelve months; every such year of service on the coast to count as two years for promotion and retirement; and for every such year's service on the coast, he will have a year's furlough at home; and for every additional period beyond a year, he will have an equivalent extension of furlough. While he is on leave, he will receive lodging money for such periods as may be fixed by the Secretary of State for War.

Promotion.

2. When a vacancy to a Surgeoncy occurs, the Assistant-Surgeon who has served longest on the coast will be entitled to the promotion, unless disqualified; and when a vacancy to a Surgeoncy arises in a West India Regiment, it will be filled by the transfer to it of the Surgeon who has served longest on the Coast, and who, when thus transferred, will not be required again to serve in Africa, unless with his Corps.

Removal to the Line.

3. Any Medical Officer who has volunteered for service on the West Coast of Africa, may be removed to the Staff or to a Line Regiment after three years' actual service on the Coast, provided he has given satisfaction in the discharge of his duties.

VI.—Duties of Regimental Medical Officers.

Superintendence and Control.

1. Medical Officers are to perform their respective professional duties under the instructions and control of the Director-General of the Army Medical Department, subject, except as regards Medical treatment, to the orders of their respective Commanding Officers. The Commanding Officer will possess, and should exercise, an effective supervision over the manner in which the various duties are performed, in

order to enforce due attention to the general health of the men and to the comfort of the sick in Hospital.

Regimental Surgeon.

2. The Regimental Surgeon, on joining, is forthwith to make himself acquainted with the constituent parts of his Corps, by personal examination, and by reference to the Regimental Returns. He should allot to the Assistant-Surgeon, if present, such specific duties in the way of inspection, attending punishment parades, ball practice, field days, &c., where professional assistance may be required, keeping registers and books, making up returns, preparation of medicines, and attendance on the sick, as he may consider advisable; the surgeon himself being held responsible for the treatment of the sick, the condition of the hospital, and for the medical and sanitary administration of the corps generally. Should there be no Assistant-Surgeon, the Surgeon himself will attend all punishment parades, ball practice, and field days; should these two latter be held in or near barracks, the Surgeon must either be in barracks or in hospital, in case of his being required.

Station of Medical Officers.

3. When a Regiment is divided the Surgeon is in general to be stationed at the Head-Quarters, the Senior Assistant-Surgeon with the largest Detachment, and the Second Assistant-Surgeon with the Surgeon at Head-quarters; but if from any circumstance the temporary presence of the Surgeon with a Detachment shall be necessary, the Commanding Officer will give directions accordingly, and the Surgeon will explain the arrangements to the Director-General or to the principal Medical Officer.

On the March.

4. As the spirit of the preceding regulation extends to the divisions of a Regiment on its march, the Surgeon should accompany the last division, as well to ascertain the diligence of the Assistant-Surgeon as to make the necessary arrangements for the care of the sick who cannot be removed, or who may be left behind on the route.

Surgeon to visit outposts.

5. It will be the duty of the Surgeon to visit occasionally Outposts and Detachments, and to enable him to do so with greater facility, he is allowed Forage for a Horse, the charge for which is to be made in the Paymaster's Accounts.

Transfer of the sick on a change of Quarters, or on removal of Invalids from

6. When a Regiment is ordered to change quarters, the Surgeon is to transmit to the Director-General a copy of the route, together with a List of the Sick, made out on the Weekly Regimental Return of Sick, page 159, showing their state and distribution. On the termination of the march,

a similar List is in like manner to be transmitted to the Director-General, distinguishing the names of the sick, if any, who may have been unavoidably left behind at the late Head-Quarters, or at places on the route, and specifying the nature of their complaints, how long they have been ill, and where, and under whose medical care they are placed. No man should be left behind who can be removed without risk of injury to his health. No patient shall be discharged from Hospital without the consent of the Surgeon, nor in the event of his absence or sickness, without the consent of the Medical Officer in charge. One Hospital to another. Discharge of Patients.

7. Any Patient necessarily left behind is to be entrusted by the Regimental Surgeon to some other Medical Officer, or, if this be impracticable, to a private Practitioner, who should be furnished with a statement of the man's case, period of illness, and previous treatment, together with a Certificate, Form I., page 155. The same course should be followed, if a Patient be transferred to another Hospital or to the Invalid Depôt. In the latter case a statement of each case must be transmitted to the Principal Medical Officer there, perfectly distinct from the Discharge Documents. Sick may be placed under Private Practitioners.

8. The sick man, if left under the care of a Medical Officer of another Regiment, should be placed in the Hospital thereof, under the sanction of the Commanding Officer, and be included, as usual, in the Returns of such Hospital. Sick men placed in Hospital of another Corps.

9. Any Medical Officer, or private Practitioner, who may be put in charge of a sick Soldier, without the prescribed statement of his case and previous treatment, together with the Certificate, Form I., page 155, is to report the circumstances to the Director-General, through whom all correspondence respecting the man is to be transmitted. Report to Director-General.

10. Expenses necessarily incurred for the conveyance of Sick from one Station to another, or from a Barrack to a Hospital, should be charged in the Paymaster's Accounts, in the mode prescribed by the War Office Circular Letter of the 16th July, 1833, No. 751. Expense of removing the Sick.

11. When a Regiment proceeds on Foreign Service a return of the Distribution of the Sick at the date of embarkation, specifying where, and under whose care, those left behind are placed, and showing the changes from the previous Weekly Regimental Return of Sick, page 159, is to be transmitted to the Director-General, together with the Annual Report and Return, made up to the date of embarkation, and Arrangements when a Regiment proceeds on Foreign Service.

the Half-yearly Returns, in duplicate, of Professional Books and Forms and of Medicines, as pointed out in pages 172 and 173, completed to the first of the month in which the embarkation takes place.

Medical Officers to report on arrival of Regiment at home or abroad.

12. On the arrival of a Regiment at its destination abroad, the Surgeon will present to the Principal Medical Officer upon the Station a condensed report of the diseases and casualties, from the journal of medical occurrences kept during the voyage; a Return of Medical Comforts expended on Form 2, page 113; also a List of Casualties, with the diseases and their dates, which may have taken place since embarkation. The Medical Officer is also to fill up the Medical Certificates (Medical Certificate Book, page 155,) of the results of cases of sickness embarked, and which were entered in the Admission and Discharge Book left behind at the Depôt, and he is to transmit the Certificates to the Medical Officer of the Depôt, through the Principal Medical Officer, in order that the results may be entered in the Admission and Discharge Book. The same rules are to be observed on the homeward voyage from all Foreign Stations, in accordance with the instructions furnished by the Principal Medical Officer on the Station.

Arrangements when a Medical Officer is removed.

13. On the removal of any Medical Officer in charge of a Regimental Depôt or Detachment Hospital to another Station or Service, he is to furnish the Director-General with a similar Distribution of the Sick, made up to the date of relinquishing such charge, and is to deliver over the Medical Stores, Hospital Books, Records, &c., taking receipts in duplicate for the same from the Officer receiving them, and forthwith transmitting those receipts to the Director-General or Principal Medical Officer.

Arrival from, or Departure for, a Foreign Station to be reported.

14. Each Medical Officer, under whatever circumstances either of duty or otherwise he may embark for a Foreign Station, or disembark in this country, will immediately report the date thereof, in writing, to the Director General, stating the circumstances under which he is proceeding abroad or returning home.

Attendance at the Hospital.

15. Medical Officers in all General and Regimental Hospitals must regularly visit the Hospital twice a day; in the morning before nine o'clock in summer, and before ten in winter, and in the evening between five and six throughout the year, and at such other times as may be requisite; at which hours the Patients are to be prescribed for, and those newly admitted, after having had their persons cleaned, and clothes

purified or changed, are to be examined, and allotted to their proper Divisions in the Hospital.

Registration of Cases.

16. Prior to the Surgeon's second visit, the Assistant-Surgeon, if present, otherwise the Surgeon himself, must enter in the Medical Case Book, Form L., page 158, every acute or important case, but all cases must be entered in the Admission and Discharge Book, Form G., page 146, with the disease as soon as it is clearly diagnosed; the disease should also be entered in the Diet Roll. The Evening Reports in the Case Book should give every change in the symptoms since the morning visit, as likewise a statement of the effects of the medicine prescribed in the morning.

Medical Inspection of Prisoners.

17. All prisoners, prior to being brought before the Commanding Officer, should be taken to the Hospital at the morning visit of the same day to be inspected by the Surgeon, who will certify their state of health to the Commanding Officer.

Capital Operations.

18. Before performing any capital operation the Surgeon should, if possible, except in cases where delay would be inexpedient, obtain the advice of a superior Medical Officer, and he should report the operation, with its results, to the Director General at home, or at Foreign Stations to the Principal Medical Officer at the Station.

Leave of Absence.

19. The Commander-in-Chief's General Orders are always to be referred to on the subject of leave of absence to Medical Officers.

Leave of Absence for Study.

20. When a Medical Officer desires leave of absence for the purpose of keeping up and improving his professional knowledge by attendance at Hospitals or Medical Schools, he should, before applying through his Commanding Officer for such leave, obtain the sanction of the Director General, transmitting with his application to the Director-General a declaration of the object in view, and stating the Hospitals or Medical Schools at which he desires to attend, and for what period, and showing what arrangements can be made for the performance of all professional duties during his absence, and at what extra expense, if any, to the public.

Detachments without a Medical Officer.

21. When a Detachment is without a Regimental Assistant-Surgeon, and is not within the reach of any Military Medical Officer, a Private Practitioner may be engaged by the Commanding Officer of the Detachment, at the under-mentioned rates for each person belonging to the Detachment, includ-

ing any Recruiting or other Military Parties on the same station, viz. :—

If he supply Medicines.	If he do not supply Medicines.
2*d.*	- 1½*d.* per week, for each person up to 50 inclusive.
1½*d.*	- 1*d.* per week, for each person above 50.

Private Practitioners receiving Contract Rates.

22. All charges for these allowances are to be made according to the Form, page 166, and are to be settled quarterly, if the Practitioner shall have the medical charge during an entire quarter, or immediately on the termination of the service, if during less than a quarter.

[Blank forms for these charges are supplied by the War Office.]

Bills of Private Practitioners *not* receiving Contract Rates.

23. Bills of Private Practitioners, not receiving contract rates, in the form prescribed page 169, are to be submitted to the Director-General, in London, or the Principal Medical Officer in the Colonies, as the case may be, for approval (care being taken that the Certificate in the margin of the Form be properly filled up and signed); on the receipt of which approval the amount may be charged, if supported by proof of payment, without reference to the War Office.

[Blank Forms of these Bills may be obtained from the War Office, on requisition.]

VII.—Hospitals.

Sanitary Duties.

1. Wherever a General Hospital is organized, all sanitary duties connected with the Hospital shall be performed by a Medical Officer appointed by the Director-General to discharge the sanitary duties of such Hospital, as detailed in these regulations. In Regimental Hospitals, the Surgeon or Medical Officer in charge shall perform all the sanitary duties connected with his own Regimental Hospital.

Cubic Space.

2. The minimum space to be allowed for each bed in any permanent Hospital shall be 1,200 cubic feet at home, and at stations in temperate climates, and 1,500 cubic feet at stations in tropical climates.* The number of beds which each ward is capable of containing in accordance with these measurements shall be painted outside the door of the ward, and the number of beds shall not be increased beyond the number so notified, without the sanction of the Secretary of State. In detached wooden huts in temperate climates the minimum of space is to be 600 cubic feet per bed; and the number of beds per hut is also to be painted on the door. Each patient shall have a separate bed.

* The amount of cubic space per bed in this Regulation must be given in all permanent Hospitals where the accommodation admits of it. When Hospitals are not fully occupied, the sick must be distributed so as to give, as nearly as may be, the amount specified. In all new or enlarged Hospitals the full amount will be given.

3. All wards shall be sufficiently warmed and lighted, according to the weather and season, by the Purveyor in General Hospitals and the Assistant-Steward in Regimental Hospitals, to the satisfaction of the Medical Officer in charge of the ward. Lighting and Warming.

4. Before any building is taken possession of for a temporary Hospital, the Sanitary Officer, Principal Medical Officer, or Regimental Medical Officer, as the case may be, shall, together with such combatant officer as may be appointed for the purpose, make a careful sanitary inspection of the building and its vicinity, and shall note the condition of the building as regards external and internal cleansing, drainage, water supply, ventilation, limewashing, and general cleanliness, the number of beds the building is capable of containing, the number and size of windows, doors, and fireplaces, the amount of light, the state of latrines, privies, or waterclosets as well as all other matters likely to affect the health of the Hospital or the purity of the air in the wards. The Sanitary or Medical Officer shall report on the same, with his recommendations for removing defects, to the Commanding Officer, who, in terms of special authority given him for such purposes, will forthwith direct such recommendations to be carried out, unless he see reason to differ from them, in which case he will state in writing his reasons, and transmit them, with the recommendations of the Sanitary or Medical Officer, immediately to the superior authority. The Sanitary or Medical Officer, as the case may be, shall at the same time, transmit a copy of every such report to the Principal Medical Officer, stating also the steps taken to carry out his recommendations, and the Principal Medical Officer shall transmit forthwith every such report to the Director General, with any remarks he may have to make on the same. Inspection of Buildings for Hospitals.

5. It shall be the duty of the Sanitary or Medical Officer, as the case may be, to attend to the daily sanitary condition of the Hospital under his charge. He shall require that the vicinity of the Hospital be preserved in a good sanitary state, that the surface be properly drained and swept daily, that there be no nuisances, that the water supply be good and abundant, that the water-closets or latrines be in an efficient state, that the drainage be not obstructed, that the ventilation of the wards be at all times efficient by day and night, that the Hospital be kept in a proper state of repair, that the walls be frequently limewashed, and cleansed by scraping if necessary, that the flooring, staircases, &c., be kept clean, and that the flooring of the wards be never washed except by the special direction of the Medical Officer. In General Hospitals all sanitary defects and recommendations shall be Sanitary Police of Hospitals.

laid before the Governor by the Sanitary Officer, through the Principal Medical Officer, and in Regimental Hospitals the Medical Officer shall direct the Purveyor, or in his absence, the Assistant Steward, immediately to take measures for the removal of any such defects.

Convalescent Wards.

6. In all Hospitals wards should be set apart for convalescents when practicable.

Hospital Bedding.

7. Hair mattresses, bolsters, and pillows shall be used for the sick in all Hospitals. Bedding which has been used by patients affected with epidemic diseases should be steeped in water, dried, and exposed to the air, and afterwards washed with soap and water.

VIII.—Organization of General Hospitals.

Organization.

1. General Hospitals are to be organized under the following Officers:—

Governor or Commandant, selected by the Secretary of State for War, on account of special qualifications for the duty, and specially commissioned.
Principal Medical Officer.
Apothecary or Dispenser.
Purveyor or Steward.
Paymaster or Treasurer.
Captain of Orderlies.
Superintendent of Nurses where Nurses are employed.

Duties of Governor.

Discipline.

2. The Governor (who shall be under the authority of the Officer commanding the Forces) shall have supreme control over all matters connected with the condition and efficiency of the Hospital; he shall have full authority over every person belonging thereto, whether officers, servants, or patients, and will be held responsible for the discipline and good order of the whole establishment.

Power to provide Equipments, &c.

3. Whenever it appears to him to be necessary, he shall have the power of providing or hiring all labour, transport, equipments, or materials, and of obtaining the supplies, medicines, and everything required for the care and recovery of the sick.

Jurisdiction.

4. His decision, on every question brought before him, shall be final, subject only to appeal to the Secretary of State for War.

Vacancies to be temporarily filled up.

5. He shall fill up temporarily all vacances occurring among the Officers, excepting among the Medical Officers, of

the Hospital, subject to the approval of the Secretary of State for War.

6. He shall cause to be executed, with the greatest possible despatch, all repairs and sanitary improvements, certified to him by the Principal Medical Officer as being requisite for the welfare of the sick; but if for any reason he shall consider such repairs and improvements unnecessary, or only partially necessary, he shall state his objections on the requisition in writing, and shall forward the same to the Secretary of State for War for decision. Execution of Repairs.

7. He shall take care that all the stores and equipments of the Hospital are in such condition as to enable any probable demand upon them to be at once complied with; and for this purpose he shall make himself acquainted, from time to time, with the amount and quality of the stores and equipments, whether in use or in reserve, and shall cause correct lists of such stores and equipments to be laid before him, for his information and guidance. When any deficiency, present or prospective, is found to exist, he shall take immediate steps for supplying such deficiency, either by requisition on the War Office, or, if he see reason for obtaining such stores and equipments more speedily, he shall do so by purchase, reporting the same to the Secretary of State for War. Stores to be maintained complete.

8. He shall approve and countersign all drafts of the Paymaster before they are presented for payment. To countersign Drafts.

9. He shall render to the Secretary of State for War, at such times as may be appointed, certified accounts of the expenditure of the Hospital, and of the present state and consumption of Hospital stores and equipments. To account to Secretary of State for War.

10. He shall receive and decide on all reports and recommendations made to him by the different Departments under him, and his written decision shall be sufficient authority for the proceedings of these Departments. To receive and decide on Recommendations.

11. He shall inquire into all cases of alleged abuse or neglect of duty in any of these Departments, and shall have the power of suspending any Officer found guilty of such offences, subject to appeal to the Secretary of State for War, or in the case of Medical Officers and Superintendents of Nurses till the whole matter can be remitted and decided, in the former case by the Director-General and in the latter by the Superintendent-General of Nurses. To administer Discipline.

To reside in the Hospital precincts.

12. The Governor shall reside within the Hospital precincts, and shall visit every part of it daily.

Principal Medical Officer to act during Absence of Governor.

13. In the absence of the Governor these powers and duties will be exercised by the Principal Medical Officer.

PRINCIPAL MEDICAL OFFICER.

14. The Principal Medical Officer shall be nominated by the Director-General, shall be removable by him, and shall obey his directions in all matters connected with the medical or surgical care or treatment of the sick, and he shall see that all returns and reports required by the Director-General are prepared and forwarded.

To have control of Medical Department.

15. He shall have the control of everything belonging to the Medical Department of the Hospital, and shall issue whatever professional instructions may appear to him to be requisite to the Medical Officers, Apothecary, Dispensers, Dressers, &c.

To superintend the Treatment of the sick.

16. He shall personally superintend the treatment of the sick, in order to insure proper attention on the part of Medical Officers and attendants. And he shall detail such orderly Medical Officers as he may consider necessary.

Cooking, Clothing, &c.

17. He shall satisfy himself as to the quality and cooking of the diets, and as to the clothing, bedding, and comfort of the sick.

Lists to be made out.

18. He shall from time to time make out, or cause to be made out, the necessary list of medicines, medical comforts, and medical and surgical appliances required for the Hospital; and he shall send the same to the Governor in duplicate, one copy being for transmission to the Director-General.

Lists for information of Governor.

19. He shall make out, for the information of the Governor, such lists of medical stores and appliances as the Governor may direct.

To report to Governor neglect of Duty, &c.

20. He shall report to the Governor such cases of neglect of duty in the care and treatment of the sick, or such defects in the quantity, cooking, or quality of the diets and medical comforts, or in the sanitary condition or equipments of the wards, as may appear to him to be necessary. He shall cause to be placed in every ward a ward-book, in which the Medical Officer of the ward shall note once a-day at least, the daily prescriptions for each patient, under his number, name, and Regiment, with distinct directions for their administration

or application; also the diet and extras, and the hours at which they are to be given.

21. He shall make inquiry as to how his directions in such matters have been obeyed, and shall note the result of his inquiry, whether it be satisfactory or otherwise. Any defect in the attendance, or in the condition of the wards; and any want of punctuality in administering medicine, or in giving the diets, should be noted. The ward-book is to be open at all times to the Nurse, Wardmaster, and Officers of the Attendance Department.

To inquire as to carrying out his Instructions.

22. The Apothecary shall be responsible for the care of all medical stores, for the correct dispensing of prescriptions, and for the efficient performance of the duties of the Dispensers. He shall keep the books of his Department, make out the requisite lists of medicines, &c., and shall conform to the direction of the Principal Medical Officer in these matters.

Apothecary.

Responsible for Medical Stores, &c.

23. The Sanitary Officer attached to the Hospital shall see that the Hospital is preserved in a good sanitary condition, in terms of these regulations, and shall report immediately to the Governor, through the Principal Medical Officer, all defects in drainage, water-closets, water supply, ventilating arrangements, cleanliness, both without and within the Hospital, as well as any other sanitary defects which cannot be remedied in conformity with instructions given by the Sanitary Officer on the spot, and he shall see that such defects are effectually remedied. In the absence of the Sanitary Officer, these duties will be performed by the Principal Medical Officer.

Sanitary Officer.

Duties.

24. The Purveyor, or Steward, shall receive his instructions from, and be responsible solely to the Governor, for providing, on the written order of the Governor, all equipments, stores, diets, medical comforts, and supplies required for the use of the Hospital, in such manner as the Governor may direct.

Purveyor.

Responsible solely to Governor.

He shall supply all diets according to the diet table, and all extras and drinks marked on the diet rolls.

To supply Diets, &c.

He shall see that the furniture and utensils of each ward are provided in conformity with the proportions specified in the list (pages 63 to 68.)

To provide and keep up Ward Equipments.

25. The Purveyor may, subject to the counter-signature of the Governor, make contracts for the supplies of the Hospital. All such contracts should contain a clause to authorize the Purveyor to purchase, at the cost of the contractor, any supplies which the contractor may fail to deliver in terms of his contract.

To make Contracts for Supplies, &c.

To prepare Estimates.

26. He shall prepare estimates of whatever stores or equipments may be required for the Hospital, and also lists of all articles in store, such estimate and list to be laid before the Governor at such time as he may appoint.

To be responsible for Hospital Stores.

27. He shall have the care of, and be responsible for all Hospital stores, except those appertaining to the Medical Department. A proportion of medical comforts shall be issued by the Purveyor to the Captain of Orderlies, and placed by him in charge of the Nurse of each ward (if there be nurses), otherwise, in charge of the Assistant Wardmaster, for emergencies, to be issued by the Nurse or Assistant Wardmaster, as the case may be, on the order of the prescribing Medical Officer, and accounted for to the Captain of Orderlies, to whom the signature of the prescribing Medical Officer shall be a sufficient voucher.

To keep Stores and supply Books.

28. He shall keep the books relating to the Store and Supply Department of the Hospital.

Custody of Soldiers' Property.

29. He shall have the care and responsibility of the kit, clothing, and other property of every Soldier in Hospital, and shall provide for their safe keeping.

PAYMASTER.

To keep Accounts.

To act as Paymaster for Officers, &c.

30. The Paymaster shall keep the accounts of the receipts and expenditure of the Hospital, and he shall be paymaster of all Sick or Convalescents up to the day of their leaving Hospital, inclusive, and of all officers of the establishment. He shall issue to the Captain of Orderlies the sums necessary for the payment of Orderlies, cooks, washers, and other male attendants, and to the Superintendent of Nurses on the order of the Superintendent-General of Nurses, the sums necessary to pay the Nurses.

To receive and account for Funds.

31. He shall, on the written order of the Governor, receive the funds necessary for the current expenditure of the establishment, and shall be responsible to the Governor for the safe keeping and due appropriation of the same.

To audit Accounts, &c.

He shall subject the accounts of the Purveyor to a preliminary audit, and shall examine the vouchers accompanying the same, noting down such explanations as, in his opinion, may be required by the Secretary of State for War.

CAPTAIN OF ORDERLIES.

Duties.

32. The Captain of Orderlies, who is to be a Commissioned Officer, shall appoint to their duties, and have entire control over all Orderlies, Cooks, and Washers, and before any General Hospital is opened, and from time to time thereafter, he shall, with the approval of the Principal Medical Officer,

send to the Governor a list of the numbers of each class of Attendants that may be required. He shall have the entire distribution of the duties of male Hospital Attendants, and shall be responsible for the manner in which those duties are performed. He shall also be responsible for preserving discipline in the Wards. He shall report to the Governor all deficiencies in ward furniture or equipments.

33. He shall also furnish the Governor with lists of whatever equipments in wards, laundries, or kitchens may be required for providing, maintaining, or extending the Hospital accommodation for such number of sick as may be intimated to him by the Principal Medical Officer. To furnish Estimates.

34. He shall be responsible for the proper care and use of all diets, medical comforts, ward furniture, utensils, and other equipments, from the time of their issue by the Purveyor. To be responsible for Furniture, &c.

35. He shall see that all ward repairs are properly executed. To see Repairs executed.

36. He shall see that the wards are suitably lighted, ventilated, and warmed, according to the requirements of the Medical Officer of the ward, and that the wards are preserved in a proper state of cleanliness. That Wards are properly ventilated, lighted, and warmed, &c.

37. He shall prepare lists of all furniture, utensils of every description, bed and body clothing, bedding, &c., which may be required for the current use of the Hospital, such lists to be submitted to the Principal Medical Officer for his approval, and finally sent to the Governor. To prepare Lists of Furniture, &c.

38. He shall see that the cooking apparatus and kitchen utensils are sufficient, and are kept in a proper state of repair; that the diets are properly cooked; and that the requisite amount of fuel is provided for the kitchen. To see to Diets and Cooking.

39. He shall receive from the Paymaster and pay the wages of all male Hospital Attendants and others under him. To receive and pay Wages.

40. He shall receive from the Wardmaster an abstract of the diet rolls of each ward, and shall transmit the same to the Purveyor and to the cook, as soon as possible after the Medical Officer's morning visit, and see that they are complied with. To make up Diet Rolls.

Washing.

41. He shall see that the washing required for the sick is properly done, and that each patient is provided with a clean shirt, and if he can sit up, with a clean pair of socks or stockings twice a week, or oftener, if necessary, and with clean sheets once a fortnight, or oftener, if necessary.

WARDMASTER.

To see that Nurse's Orders are carried out.

ASSISTANT WARDMASTER.

42. One or more Wardmasters shall be appointed by the Captain of Orderlies, according to the size and relative position of the wards, to attend to the discipline of the patients by day and night, to the regulation and discipline of the orderlies, and to see that the orders of the nurses, where there are nurses, are strictly carried out in terms of the regulations for nurses. In General Hospitals, where there are no Nurses, Assistant Wardmasters shall be appointed by the Captain of Orderlies to assist the Wardmasters in the discharge of their duties.

To make up Diet Rolls, &c.

43. The Wardmaster is to make up, from the diet sheets filled up by the prescribing Medical Officer, the diet roll of the patients, and transmit an abstract of the same to the Captain of Orderlies, to whom he is to be responsible that the food is properly and punctually served to the patients.

To communicate Complaints to Captain of Orderlies.

44. It shall be the duty of the Wardmaster at once to communicate every complaint in the ward-book against any orderly to the Captain of Orderlies, and if any such complaint occur a second time, it shall be the duty of the Medical Officer of the Ward to report the same in writing immediately to the Governor.

ORDERLIES.

Number to be appointed.

45. Orderlies shall be appointed by the Captain of Orderlies, in a proportion not exceeding one orderly for ten sick, and in a similar proportion for larger numbers; and for any number above ten an additional Orderly, if requisite, may be appointed; provided always that in case of emergency, or in hospitals with small wards, the Principal Medical Officer shall have the power to require the Captain of Orderlies to increase the number, so that there shall always be sufficient attendance for the sick at all hours of the day and night.

To obey Directions of Nurse.

46. The orderly shall conform strictly to the requirements of the nurses, and shall obey them in all matters contained in the regulations for nurses.

COOKS.

47. Cooks shall be appointed for each General Hospital in proportion to the number of sick.

REGISTRAR.

Duties. Statistics.

48. In every General Hospital a Medical Officer, specially appointed by the Director-General, shall act as Registrar, and shall keep the statistics of the Hospital in such manner as the Director-General may require.

To make abstract of Hospital Books.

49. He shall make up the details of cases from the Hospital books, so as to bring under one view the results of the medical and surgical treatment within the Hospital.

NURSING IN GENERAL HOSPITALS.

Superintendent General of Nurses.

50. A Superintendent-General of Nurses, specially selected for her personal qualifications for the office, appointed by the Secretary of State for War, and removable by him, will be at the head of all Superintendents and Nurses in all General Hospitals, where there are Nurses, at home and abroad, in peace and in war.

To enforce Discipline.

51. It will be her special duty to enforce necessary discipline among all Superintendents and Nurses, so that the orders of the Medical Officers in matters relating to the comfort and care of the sick may be efficiently carried out.

Communication with Secretary of State and Director-General.

52. Her appointment will be notified in General Orders, and she will have the power of communicating directly with the Secretary-of-State for War. The Director-General will communicate directly with her on any change he may desire to have introduced in the arrangements, having for their object the nursing of the sick in General Hospitals; and it will be her duty, in combination with her other duties, to make such arrangements as shall give the Director-General satisfaction. In the event of any difference of opinion between the Director-General and the Superintendent-General, the matter shall be decided by reference to the Secretary-of-State for War.

One Superintendent for each General Hospital where there are Nurses.

53. The Superintendent-General of Nurses shall choose and appoint a Superintendent in every General Hospital where there are Nurses, as Head over the Nurses in the Hospital. She shall have an Assistant, ranking and paid as a Nurse, to take charge under her of the linen, who is to have nothing to do in the wards. No Superintendent shall be appointed to or removed from any General Hospital, without the Superintendent-General's sanction; and all appointments or removals of Superintendents made by her must be notified to the Director-General.

Nurses not to exceed one for twenty-five sick.

54. The Superintendent-General of Nurses shall choose and appoint Nurses for each General Hospital, on requisition of the Director-General, in such proportion that no Nurse shall have charge of fewer than twenty-five cases. No nurse shall be appointed to, or removed from, any General Hospital

without her sanction; and all appointments or removals of Nurses made by her, must be notified to the Director-General.

Duties of Superintendent General, Superintendents, and Nurses.

55. The respective duties and responsibilities of the Superintendent-General, Superintendents, and Nurses are laid down in the Regulations, page 123.

Ward Medical Officer to give directions to Nurse.

56. The Staff-Surgeon, or Prescribing Medical Officer, as the case may be, of a ward in any General Hospital where there are Nurses, shall require the Nurse to attend him in his visits, and shall deliver to her his orders with reference to the sick; but when he considers that any change of arrangements of duty is desirable, he shall communicate on the subject directly with the Superintendent.

Medical Officer to report neglect of duty of Nurse immediately to Superintendent.

57. The Medical Officer must report immediately to the Superintendent any neglect of duty or misconduct on the part of a Nurse, in order that the necessary steps may be taken thereon by the Superintendent.

Principal Medical Officer to communicate directly with Superintendent.

58. The Principal Medical Officer in each General Hospital where there are Nurses, shall communicate directly with the Superintendent on any change of arrangements he may consider desirable in the nursing of the sick. And it will be the Superintendent's duty, in combination with her other duties, to make such arrangements as shall give the Principal Medical Officer satisfaction.

Quietness to be maintained in Hospitals.

59. As quietness is indispensable in Hospitals, every Hospital duty shall be performed with the least possible noise, more especially at night. Every patient must be in bed at eight o'clock in winter and nine o'clock in summer, and no conversation must be permitted after that time. Patients should be made useful in the wards as far as possible, but they should not carry anything into them, and no discharged patient should be permitted to enter any ward, except in the fixed visiting hours.

Governor or Principal Medical Officer to appoint visiting hours.

60. The Governor, or in his absence, the Principal Medical Officer, shall fix the hours during which patients in Hospital are permitted to receive visits from their friends or comrades.

IX.—Regimental Hospital Regulations.

Hospital in Barracks.

1. When a Regiment or Depôt is in Barracks, a Hospital is to be provided, and supplied with furniture, bedding, and utensils, by the Purveying Department, according to the

scale (pages 63 to 68), having reference to the number of sick, and every article is to be provided and kept up according to the scale, without requisition.

Hospital in Quarters.

2. When a Regiment or Depot is in quarters, if the establishment of a Hospital shall have been authorized by the Director-General, the Purveyor is to provide a suitable house to the satisfaction of the Surgeon, and to see that it is equipped according to the scale. To prevent any unnecessary increase of Hospital baggage, the fire-irons, tables, and forms must be provided by the landlord, or hired at a weekly charge.

Hospital in Camp.

3. When a Regiment is encamped, and a house convenient for a Hospital cannot be procured in the vicinity, a Hospital Marquee is to be provided, and a hut for cooking and a mess-room are to be constructed by a fatigue party of the Regiment.

Assistant Wardmaster and Assistant Steward to be appointed.

4. To every Regimental Hospital shall be attached an Assistant Wardmaster, who shall also be Dispenser, and, where there is no Purveyor, an Officer selected from the Hospital Corps shall act as Assistant Steward, who shall be Purveyor's Clerk, and who shall do the duties of Office Clerk.

Duties of Assistant Wardmaster.

5. The Assistant Wardmaster shall take charge of the Hospital and its inmates, superintend the cleaning of the wards early every morning, and oftener when necessary, taking care that every nuisance is removed as soon as possible. He shall go every morning and evening round the wards, call the roll, and report to the attending Medical Officer whether good order has been preserved. He is in charge of the personal cleanliness of the patients, of the cleanliness of the beds, bedding, utensils, clothing, wards, &c.; of the administration of medicine, of food, of the minor dressings not performed by the Surgeon, and of all that concerns the personal obedience of the patient to the orders of the Surgeon. He is to see that those patients who are able to sit up, fold up their beds every morning at six o'clock in summer, and eight in winter; that they separate the bedding, and air it every day for two hours in fine weather, and that they render any assistance to their sick comrades which the attending Medical Officer may think fit. He is to accompany the Surgeon on his visits, and receive and obey his orders. He is to report the Orderlies in case of disobedience. He shall also be in charge of, and dispense medicines, and go round at hours fixed by the Surgeon for administering medicines or nourishment to see that the patients punctually receive the same. He shall keep all returns and accounts of Medical Stores. He shall be responsible for the nursing of

the sick, and the Orderlies are to act under his instructions. He is also to be in charge of the Orderlies as to their hours, meals, clothing, &c, and to enforce the regulations concerning the same.

Duties of Assistant Steward.

6. The Assistant Steward shall have charge of all purveyors' and hospital stores, provisions, and washing. He shall obtain from the Purveyor's Contractor, or, if he cannot do so, he shall purchase all diets and extras required, and shall make up all returns and accounts connected with these matters. He shall send the daily abstract of diets to the cook as soon as possible after the morning visit of the Medical Officer, and shall see to the cooking and apportioning of diets according to the diet rolls. He shall take charge of and be responsible for the kit, clothing, and other property of every patient admitted into Hospital. He shall ticket the pack of every patient, and prevent the patient's access to it without permission. He shall perform the duties of Office Clerk.

Cook.

7. A Cook will be appointed for each Regimental Hospital, who is to attend to the directions of the Assistant Steward.

Orderlies.

8. Orderlies shall be appointed in a proportion not exceeding one Orderly for ten sick, and for any number exceeding ten, an additional one, if requisite, may be appointed, provided always, that in case of emergency, the Medical Officer in charge shall have the power to require that there shall be sufficient attendance for the sick at all hours of day and night.

Duties of Orderlies.

9. The duties of an Orderly are to keep the wards clean, to make himself generally useful, and to attend to the directions of the Assistant Wardmaster (or of the nurse in a General Hospital where there are Nurses).

Quietness in Hospitals.

10. As quietness is indispensable in Hospitals, every duty should be performed with the least possible noise, more especially at night. Every patient must be in bed by eight o'clock in winter, and nine in summer; and no conversation must be permitted after that time. Patients should be made useful in wards, as far as possible; but they should not carry anything into the wards, and no discharged patient should be permitted to enter any ward, except in the fixed visiting hours.

Ventilation of Hospital Marquee.

11. The sides of the Hospital marquee are, at the discretion of the Medical Officer, to be lowered or placed over the side lines every day to admit fresh air; at which time the beds of convalescent patients, and of others able to sit up, are to be made. The paillasses are to be occasionally scoured with soap

and water, under the special direction of the Surgeon. Rugs, blankets, &c., in fine weather, are, after being beaten and shaken, to be hung out or spread in the sun.

12. The duties of the Hospital Sentries in all Hospitals, General and Regimental, are, not to admit any person except the Medical Officer, the Chaplain, the Officers of the Regiment in Hospital, the persons employed in the Hospital, and visitors at the fixed visiting hours, who must be provided with a pass from the Medical Officer. The sentry must prevent liquor or any other article being carried into the Hospital without the Surgeon's permission, and he must not allow any patient to go beyond the prescribed boundaries without a ticket of leave from the attending Surgeon. No venereal patient is to be indulged with such ticket. Hospital Sentries.

13. Medical Officers are to be guided by the Diet Table, page 60, as to the kind and quantity of food for the sick. Medical Officers should frequently inspect the diets immediately after the issue thereof. A fair copy of the Diet Table is to be pasted on a board, and hung up in a conspicuous place in every ward of the Hospital. Diet of the Sick.

14. The Diet Rolls are to be filled up daily, ordinary diets for the following day, extras and drinks for the day of issue, and hung in a conspicuous place in the wards, and the initial letter indicating the diet is to be marked on the patient's ticket by the prescribing Medical Officer. The totals of each roll are to be specified in figures by the Assistant Steward, he being responsible to the Purveyor for the accuracy of the said totals. Diet Rolls.

15. An abstract of the diets, extras, drinks, &c., will be punctually sent to the Purveyor on the 1st and 16th of each month. Abstract of Diets

16. For the purpose of checking the stoppages, a list of the names, and numbers, and regiments of the men who have been treated in Hospital during the month, with the dates of their admission and discharge, will be made out by the steward, certified by the Medical Officer, and forwarded to the Purveyor (*see* Form, p. 227). List for Stoppages.

17. In all Regimental Hospitals, a proportion of beef juice, wine, spirits, arrowroot, sago, sugar, and tea, shall be kept on hand, and placed in charge of the Assistant Steward for emergencies, the same to be given on the order of the prescribing Medical Officer, and accounted for to the Purveyor to whom the signature of the prescribing Officer shall be a sufficient voucher. Extras to be kept on hand.

Diet, how to be provided.

18. On home service, or on Stations where a Deputy Purveyor of Hospitals is employed, every article of diet for the sick in Hospitals is to be provided under his immediate superintendence. But, on other Stations, the Assistant Steward is to provide the supplies, and to see that the same are delivered and paid for, and duly charged in the quarterly accounts, vouched by the tradesmen's bills. Whenever a Regimental or Depôt Hospital is furnished with provisions from a Purveyor's store, the Deputy Purveyor, or, if there be no Deputy Purveyor, the Assistant Steward, will place himself in direct communication with the Purveyor, as the best means of ensuring prompt attention to the wants of the sick.

Meat, Bread, &c.

19. On the arrival of a Regiment or Detachment at a station where a Hospital is to be established, if there be no Deputy Purveyor, the Assistant Steward will take the proper steps for procuring the supplies of bread and meat and other articles of diet. The bread to be of the best household sort, and the meat of good quality, and of pieces best suited to the sick. If any charge beyond the contract price of meat for the troops shall be found necessary, such extra charge, not exceeding one penny per pound, will be allowed.

Articles of Diet to be weighed in presence of Patients.

20. In order that the patients may be satisfied that justice is done to them, one from each ward may be present at the weighing of the articles of ordinary diet before they are cooked.

X.—Medical Attendance in Cases of Insanity.

Insane Officers and Soldiers.

An insane Officer or Soldier, whether at home or abroad, should, under ordinary circumstances, be attended by the Medical Officers of the Corps to which he belongs, for one month at least; as those Officers, from knowing the probable origin and causes of the complaint, may be most competent to its treatment in its earliest stages. But if, after a reasonable time, the patient shall not recover, he should be sent to any General Hospital, where temporary lunatic wards may have been provided, and if, after a further reasonable period, there be no prospect of his early recovery, a detailed history of the case is to be transmitted to the Director-General, in order that the permission of the Secretary of State for War may be obtained for the removal of the patient to a Lunatic Asylum, if such removal shall be deemed advisable.

In every such case of removal, the patient should be sent in charge of a careful Non-commissioned Officer; and at the same time, a minute history of the disorder, its origin, causes, and treatment (*see* page 106), must be transmitted to the Asylum, not only from the Regimental Medical Officer, but from any Detachment, Garrison, or General Hospital, where the Patient may have been under treatment.

A complete statement of the service of any Soldier so transferred from his Corps to a General Hospital should be sent to the Governor or Commandant, together with the fullest information that can be obtained relative to his place of settlement and nearest of kin.

XI.—Medical Attendance on Sick Soldiers of other Corps and Sick Sailors.

Sick Soldiers of other Corps and Sick Sailors.

Medical Officers are, under the sanction of the Governor in General Hospitals or of their Commanding Officers, to take medical care of, and if necessary, to receive into General or Regimental Hospitals, any Soldiers or Sailors of H. M. S. who may be on Sick Furlough, or too far detached from their respective Regiments or Ships to be attended by their own Medical Officers. Soldiers or Sailors, whilst on Ordinary Furlough, are entitled to Medical treatment by Military Medical Officers, and may be received into Military Hospitals, subject, in the case of Soldiers, to the usual stoppage.

XII.—Medical Attendance on Sick Women and Children.

Medicines and Attendance for Sick Women and Children and for Officers' Servants.

Where Hospital accommodation is provided for the sick Wives and Children of Soldiers, they are to receive Hospital diets as long as they are in Hospital.

The Wives, Children, and Servants of Officers, and the Wives and Children of Soldiers, are allowed medicine from the Chest, and Medical Officers are to visit and prescribe for them accordingly.

XIII.—Medical Attendance on Staff Officers, Office-keepers, Orderlies, Labourers, &c.

Medical Aid for Staff Officers of Pensioners, &c.

1. Medical attendance and medicines are allowed for the Staff Officers who pay and superintend the Out-Pensioners, and for the Non-commissioned Officers employed on the said staff, as well as for their families, in the same way as for Officers and Non-commissioned Officers on the General Staff.

Clerks, &c.

2. All Clerks, Office-keepers, Orderlies, permanent Labourers, and persons permanently employed in the Military and Civil Departments of the Army, their wives, families, and domestic servants, are to be considered entitled to professional attendance from the Medical Officers in charge of the Troops, and to Medicines from the Public Stores, provided their places of residence shall be within one mile of the Staff Dispensary or Hospital; the attendance, &c., however, to be extended to such children only as are under fourteen years of age; and it should be clearly understood that Medical attendance cannot be claimed for the wives of those holding the above appointments in cases of parturition, unless in

circumstances where the services of neither a Midwife nor Accoucheur can be procured.

Domestics.

3. The domestics of the families specified requiring Medical advice, must attend at the Military Hospital at fixed hours, unless the nature of their ailment should render confinement to the house necessary.

No separate bills of private practitioners.

4. It is to be clearly understood, that when in consequence of there being no Military Medical Officer present at the Station, a private Practitioner is in Medical Charge of the Troops, no separate medical bills will be admissible for the Clerks and other persons before mentioned, but they are to be included in the numbers for which the regulated Contract Rate is charged.

A nominal list of persons entitled to attendance to be supplied.

5. Each Department must furnish to the Principal Medical Officer of the Station or Garrison, on the last day of every month, a nominal list of all the individuals entitled to receive Medical attendance, which list should specify the precise occupation of each person contained in it, and no person will be considered as having a claim for Medical attendance whose name is not periodically furnished as above required, and who does not reside within the prescribed distance of one mile from a Staff Dispensary or Hospital of the Station or Garrison.

Attendance to Assistants on Survey.

6. Attendance and medicines are in like manner allowed for the Civil Assistants and others employed on the Trigonometrical Survey in Great Britain and Ireland, according to a nominal list, if the persons in the list be living within the distance from a Staff Dispensary or Hospital of the Station or Garrison, prescribed above.

XIV.—Medical Inspection for Enrolment and Attendance on Enrolled Pensioners. List of Men on Sick Furlough.

Medical Inspection of Pensioners.

1. Any Pensioners brought before a Medical Officer for inspection, at the request of a Staff Officer of Pensioners, are to be carefully examined; and such certificates furnished, regarding their health and efficiency, as the nature of the case and the purposes for which they are required may demand. Arrangements should be made by the Staff Officer and Medical Officer so as to make these examinations at the most convenient times and places.

Employment of private Practitioners.

2. When a private Practitioner is employed on this service care is to be taken to include in the contract such of the Officers and others before mentioned as may have claims to attendance, &c.

Pensioners on duty to be considered as Soldiers.

3. When Pensioners are called out on duty, they are, while so employed, to be considered as to medical attendance and

hospital accommodation, in all respects as soldiers in Her Majesty's service; and the usual stoppages will be credited by the Staff Officers in charge of such Pensioners.

4. The names and diseases of men sent on Sick Furlough, are to be specified in the next Weekly Return of sick (Form M., page 159), which should also specify the places to which the men are sent, with the date of commencement of each Furlough, and the period for which granted. In case of a man dying while on Sick Furlough, the date of his death is to be stated in like manner. Men on Sick Furlough, &c.

XV.—Medical Treatment, Sick Leave, and Invaliding of Sick and Wounded Officers.

1. Sick Officers, on being certified by a Medical Board as fit subjects for admission into Hospital, may be received for treatment into Hospital on payment of 2*s.* 6*d.* per diem in time of peace, or 1*s.* per diem in time of war.

2. The following forms of proceedings and certificates are to be used and filled up as circumstances may require by all Medical Boards held upon Officers:—

No. 1.

FORM OF MEDICAL CERTIFICATE.

of the *Regiment*
having applied for a Certificate, on which to ground an application for Leave of Absence,
I do hereby certify that I have carefully examined this Officer and find that *
and that in consequence thereof I conceive him to be incapable of military duty.
I further declare my belief that he will not be able to resume his duties in a less period than †
Dated at *this* *day of*
Signature of the Medical Officer

* The nature of the disease, wound, &c., is to be here fully stated, and the period during which the officer has suffered under its effects.

† The Medical Officer is here to state, candidly and explicitly, his opinion as to the PERIOD which will probably elapse before the officer will be able to undertake his military duties. When there is no reason to expect a recovery, or when the prospect of recovery is distant and uncertain, it must be stated.

No. 2.

CERTIFICATE PREVIOUS TO SALE OF COMMISSION.

We do hereby certify to have carefully examined who states he is years of age, and we are of opinion that he does not labour under any disease threatening early dissolution.

President.
Members.

PROCEEDINGS OF MEDICAL BOARDS.

No. 3.

On an Officer abroad applying for sick leave.

Proceedings of a Board of Medical Officers, assembled by order of to examine and report on the state of , Regiment.

President.
} Members.

The Board having carefully examined this Officer, find that he has been suffering from ; further, that there is no probability of his speedy recovery in this country.

The Board therefore recommend that this Officer be granted leave of absence for to proceed to , dating from the period of his embarkation.

President.
Members.

MEMORANDUM.

The proceedings of every Medical Board on a sick Officer, who is recommended to leave a command, must be sent in quadruplicate to the Principal Medical Officer, who after approving or disapproving of the same, will transmit the proceedings in duplicate to the Officer who orders the Board. The other two copies of the proceedings, together with a detailed statement of the officer's case, are also to be sent by the Principal Medical Officer to the Army Medical Department.

Proceedings of Boards on Officers who may be recommended for leave in the command where they are serving are not required to be forwarded to this country—they are retained for the information of the local authorities. Duplicate copies only are required in such cases.

No. 4.

On a Wounded Officer arriving in England, and appearing for Examination at the Army Medical Department.

We hereby certify, after having taken the usual obligation, to have carefully examined and find that he has just returned from , having been sent home at the recommendation of a Medical Board in consequence of .

We are of opinion that he will not be fit to return to his station in less than nor to do duty at home in less than from this date.

President.
Members.

Army Medical Department.

MEMORANDUM.

One copy of the proceedings is to be sent to the Adjutant-General and another to be kept as a record in the Army Medical Department.

No. 5.

On a Wounded Officer abroad, where he received his Wound.

Proceedings of a Medical Board assembled by order of to examine and report upon the state of .

President.
Members.

The Board having met and carefully examined find that this Officer labours under a
As there is no prospect of this Officer being soon efficient for duty, the Board beg to recommend that he receive leave of absence to for the recovery of his health.

President.
Members.

MEMORANDUM.

The proceedings of the Board (No. 5) must be sent in quadruplicate to the Principal Medical Officer, who after approving or disapproving of the same, will transmit the proceedings in duplicate to the Officer who orders the Board. The other two copies of the proceedings, together with a detailed statement of the Officer's case, are also required to be sent by the Principal Medical Officer to the Army Medical Department.

When an Officer is examined abroad for wounds and is not recommended to return to England, the same number of copies of the proceedings of the Board on his health is required, as in cases of Officers who return to this country.

No other certificate is required at the office of the Army Medical Department, except the proceedings of the Board held in the command (*vide* No. 5), and upon which the wounded Officer was sent home.

No. 6.

On a Wounded Officer arriving in England, and appearing for Examination with a view to Compensation.

We hereby certify, after having taken the usual obligation, (Articles of War, section 3. page 82,) to have carefully examined of the in accordance with an order from the War Office, dated No. , and find that the wound received at

We are of opinion, that

President.
Members.

Army Medical Department,

MEMORANDUM.

The Board must state whether they are of opinion that the effects of the wound are of a permanent character, and whether the effects are "fully equal," "nearly equal," or are "not equal" to the loss of a limb; also, whether the disability is such as to interfere materially with his capability of following his profession or of gaining his livelihood. One copy of the proceedings is sent to the War Office, and one copy kept as a record in the Medical Department.

No. 7.

On a wounded Officer applying for Compensation on the spot.

PROCEEDING of a BOARD of MEDICAL OFFICERS, Certificates, &c., relative to wounded in action on the 185 .

Place
Date

We do declare upon our honour, that we have duly and impartially inquired into the case of who appeared before this Board, and according to the true spirit and meaning of Her Majesty's Orders and Regulations, and the instructions issued by Her Majesty's Order on this head.

We find that the above-named Officer (*here give a particular description of the wound*).

We do further declare upon our honour, that we consider the injury received in action with the enemy on the to be (*severe, dangerous, or slight, as the case may be*), and that a period of will be required for his recovery.

President.
Members.

No. 8.

CERTIFICATE of the SURGEON, to be attached to Proceeding (No. 7.)

of Her Majesty's received a wound in action with the enemy at on the .

(*A minute description of the wound and its probable result to be given here.*)

Surgeon.

No. 9.

CERTIFICATE of the COMMANDING OFFICER, to be attached to Proceeding (No. 7.)

This is to certify, that of was wounded in action with the enemy at on the .

No. 10.

CERTIFICATE of the OFFICER applying for COMPENSATION, to be attached to Proceeding (No. 7).

I declare, upon my honour, that I have not received, or elsewhere applied for, any gratuity or allowance in consideration of my wound, received in action at on the .

MEMORANDUM.

The proceedings and certificates, according to Forms Nos. 7, 8, 9, and 10, are each required in duplicate, with a Medical Report of the case by the Medical Officer attending. Should leave also be required to England, a copy of the usual proceedings, according to Form No. 5, is also necessary in addition to the above.

XVI.—DIET TABLE.

1. The annexed Diet Table shall be used in all Hospitals where it is possible, but where such is not the case, all changes in the Diet Table shall be made in Regimental Hospitals by the Principal Medical Officer of the District or Station, after conferring with the Purveyor. In General Hospitals any alterations in the Diet Table must receive the previous sanction of the Governor. All such alterations are further to be reported to the Director-General for approval of the Secretary of State. Diet Table.

DIET TABLE.

Military Hospitals.—Articles composing the different Diets for a Day.— Avoirdupois Weight.

Tea.	Spoon.	Beef Tea.	Milk.	Low.	Chicken.	Half.	Fish.	Roast (Half).	Entire.
Bread 8 oz. Tea ½ „ Sugar 2½ „ Milk 6 „	Bread - 8 oz. Tea - ¼ „ Sugar - 1½ „ Milk - 6 „ Also Arrowroot 2 „ Sugar - 1 „	Bread - 12 oz. Tea - ¼ „ Sugar - 1½ „ Milk - 6 „ Beef - 8 „ Salt - ½ „	Bread - 14 oz. Rice - 2 „ Milk - 3 pts. Sugar - 1 oz.	Meat - 8 oz. Bread - 14 „ Salt - ½ „ Tea - ¼ „ Sugar - 1½ „ Milk - 6 „ Butter - 1 „ Rice - 2 „ Milk - ¾ pt. Sugar - ½ oz. Egg - 1 „ For pudding, flavoured with cinnamon, lemon.	Fowl - 8 oz. Bread - 18 „ Salt - ½ „ Tea - ¼ „ Sugar - 1½ „ Milk - 6 „ Butter 1 „	Meat - 8 oz. Bread - 16 „ Potatoes - 8 „ Barley - 1½ „ Salt - ¾ „ Tea - ¼ „ Sugar - 1½ „ Milk - 6 „ Vegetables 4 „ Butter - 1 „ Flour - ½ „	White Fish 8 oz. Bread - 18 „ Potatoes - 8 „ Salt - ¾ „ Tea - ¼ „ Sugar - 1½ „ Milk - 6 „ Butter - 2 „	Roast meat, Chop or Steak. Meat - 8 oz. Bread - 18 „ Potatoes - 8 „ Salt - ¾ „ Tea - ¼ „ Sugar - 1½ „ Milk - 6 „ Vegetables 4 „ Butter - 1 „	Meat - - - 12 oz. Bread - - - 16 „ Potatoes - - 16 „ Barley - - - 1½ „ Salt - - - ¾ „ Tea - - - ¼ „ Sugar - - - 1½ „ Milk - - - 6 „ Vegetables - - 4 „ Butter - - 1 „ Flour - - - ¼ „ When meat — roasted, baked, or stewed— Bread - - - 18 oz. (being 2 oz. extra) in lieu of barley and flour. To be marked "varied" on Roll.
BREAKFAST.									
Tea - 1 pint. Bread.	Tea - 1 pint. Bread 4 oz.	Tea - 1 pt. Bread - 4 oz.	Milk - 1 pt. Bread - 6 oz.	Tea - 1 pt. Bread - 5 oz. Butter - ½ „	Tea - 1 pt. Bread - 6 oz. Butter ½ „	Tea - 1 pt. Bread - 6 oz. Butter - ½ „	Tea - 1 pt. Bread - 6 oz. Butter - ½ „	Tea - 1 pt. Bread - 6 oz. Butter - ½ „	Tea - - - 1 pint. Bread - - 6 oz. Butter - - ½ „
DINNER.									
Tea - 1 pint. Bread.	Arrowroot	Beef Tea 10 oz. Bread - 4 „	Rice Milk 1 pt. Bread - 4 oz. Sugar - 1 oz.	Beef Tea 15 oz. Bread - 4 „ Also Rice Pudding	Fowl - 8 oz. Either roasted or made into chicken tea, 12 oz. Bread - 6 „	Soup - 15 oz. Meat - 8 „ Bread - 4 „ Potatoes - 8 „	Fish - 8 oz. Bread - 6 „ Potatoes - 8 „ Butter - 1 „	Roast meat, Chop or Steak. Meat - 8 oz. Bread - 6 „ Potatoes - 8 „ Vegetables 4 „	Soup - - - 1 pint. Meat - - 12 oz. Bread - - 4 „ Potatoes - - 16 „ When meat — roasted, baked, or stewed,— Meat - - 12 oz. Bread - - 6 „ Potatoes - - 16 „ Vegetables - 4 „
SUPPER.									
Tea - 1 pint. Bread.	Tea - 1 pint. Bread 4 oz.	Tea - 1 pt. Bread - 4 oz.	Milk - 1 pt. Bread - 4 oz.	Tea - 1 pt. Bread - 5 oz. Butter ½ „	Tea - 1 pt. Bread - 6 oz. Butter ½ „	Tea - 1 pt. Bread - 6 oz. Butter - ½ „	Tea - 1 pt. Bread - 6 oz. Butter - ½ „	Tea - 1 pt. Bread - 6 oz. Butter - ½ „	Tea - - - 1 pint. Bread - - 6 oz. Butter - - ½ „

Note.—Drinks for patients on tea, spoon, and beef tea diets are to be made and charged according to the following proportions:—

Barley Water.—Barley, 2 oz.; sugar, 2 oz.; for every five pints.
Rice Water.—Rice, 2 oz.; sugar, 2 oz.; for every five pints.
Lemonade.—One large lemon, and sugar, 1½ oz. to two pints.

2. Each diet is to be marked by its initial on the diet sheet by the prescribing Medical Officer. The diet sheet is to be hung up at the head of the patient's bed. Instructions as to Diets.

The bread and tea in the tea diet are to be apportioned according to the instructions of the Medical Officer.

On tea, spoon and beef tea diets, drinks of barley water, rice water, and lemonade, may be given when deemed necessary by the Medical Officer, and the quantities so ordered must be marked daily on the diet sheet.

The meat for the various diets and the fowls are to be of good quality, and must weigh in the raw state, exclusive of bone, the weights specified in the diet table, one fourth more will be considered an equivalent when meat is issued with bone.

The bread is also to be of the best household kind.

The meat on low diet is to be used for beef tea, so as to make $\frac{3}{4}$ of a pint of good beef tea for each patient on such diet.

The meat on half and entire diets, when not baked or roasted, is to be boiled with the vegetables, barley, and flour, and $\frac{1}{4}$ oz. of sugar for each diet may be charged in addition to that on the dietary, marking "for soup," (and seasoned with pepper), so as to allow to each patient the quantity specified in the diet table. The meat on entire diet when not made into soup is to be roasted, baked, or stewed, and 2 oz. of extra bread will be given in lieu of the barley and flour, and when beef is issued mustard should be allowed.

In the diets, when no soup is given, the vegetables are to be cooked in bulk, and served up to each patient in the proportions specified.

When potatoes cannot be procured of a sufficiently good quality, either 3 oz. of rice, 3 oz. of flour, or 8 oz. of bread may be issued in lieu of 16 oz. of potatoes.

Preserved potatoes, when issued, will be in the proportion of 1 oz. of the preserved to 5 oz. of fresh, and mixed preserved vegetables in the proportion of 1 oz. to 10 oz. of fresh.

Half an ounce of coffee may be substituted for $\frac{1}{8}$ oz. of tea at breakfast and supper.

Milk is to be calculated at 20 oz. to the imperial pint, wine and spirits at $5\frac{1}{3}$ gills or $26\frac{2}{3}$ oz. to the ordinary reputed quart bottle.

As the above scale of diet allows of considerable variety, and supplies sufficient nourishment, Medical Officers are requested to avoid all deviations from the same, as far as their duty towards their patients may permit. In cases of emergency, or when patients are brought into Hospital, and before being placed on the diet roll, the Medical Officer may order as extras such articles as he deems necessary from the reserve kept by the nurse or by the Assistant Wardmaster in General Hospitals, and by the Assistant Steward in Regimental Hospitals.

Extras.

3. Wine, spirits, and malt liquors will be considered as extras, and, when ordered, will be marked as such on the diet roll opposite the names of the patients receiving them.

Variations during War.

4. During war, the above scale of diets may be used in General and other Hospitals, but should any deviations from the same be necessary, it will be the duty of the Principal Medical Officer in the field to decide what those deviations may be, and to lay down a scale adapted to the position, climate, and the supplies obtainable, submitting the same for approval to the Governor, in the case of General Hospitals, and in the case of Field Hospitals to the General Commanding.

In Regimental Field Hospitals, during war, in the event of the articles named on the diet table not being obtainable, the usual ration will be drawn from the Commissariat and the Medical Officer of the Corps will order the same to be cooked and distributed to the patients according to the manner he thinks best suited for them. Should extras, such as arrow-root, sago, sugar, tea, essence of beef, preserved meat juice, or other articles for soup, also wine, spirits, &c., be deemed necessary by the prescribing Medical Officer, they are to be given and marked on the diet roll, against the names of the patients receiving them.

XVII.—Discharge of Soldiers.

Discharge of Soldiers for Disability.

1. No man is to be discharged from the service on account of disability, except under the rule laid down in the General Military Regulations, and in the Instructions on this head. (See Queen's Regulations, "*Discharge of Soldiers and Medals*"); and when a man is reported unfit for service from epileptic or other fits, a certificate is to accompany him to the Invalid Depôt from the Medical Officer in attendance, to the effect that he has actually seen the man in such fit.

Men to be carefully examined.

2. The Medical Officer in charge of the Corps will examine carefully every soldier before he leaves the Corps, according to the Instructions, page 103.

Weakly men to be recommended for Discharge.

3. If the Medical Officer in charge is of opinion, from his professional experience, that any soldier is not likely to become efficient, from constitutional defects, he should report the same in Form, page 170, to the Commanding Officer, recommending the man's discharge from the service, provided he has served any period under three years, in order that the case may be laid before the General in Command and the Principal Medical Officer.

4. In all cases of invaliding or discharge, the sheet containing the soldier's medical history, from the Medical Histories Book, and a statement of his case, together with the defaulter-sheet, should be sent with him. Documents to accompany discharged or transferred Soldier.

5. In all cases of transfer of a soldier from one Regiment to another or to the depôt of his Regiment, a copy of the sheet containing his medical history from the Medical Histories Book, should be sent with his defaulter-sheet.

XVIII.—Duties of Purveyor.

1. The Purveyor shall provide and keep up the furniture, utensils, Hospital clothing, and all things necessary for the use of the Hospitals, according to the proportions in the following scale, which is intended for a Hospital with 200 beds, including servants'. He shall have such reserve in store as may be necessary for keeping up the equipment of the Hospital, which it will be his duty to do without receiving any requisitions. He shall also see that the Hospital stores are in good order, that the Hospital bedding is frequently aired, and in a dry and compact state, so as to be ready for use at the shortest notice. To provide Hospital Stores.

Purveyor's Scale of Hospital Equipments.

250 Iron bedsteads—Shelf at head and at foot.
300 Bed sackings, metal thimbles.
300 Bed cords.
250 Hair beds.
400 Covers.
250 Hair bolsters.
400 Covers.
250 Hair pillows.
100 Ditto (small).
400 Covers.
800 Blankets.
500 Sheets—Linen. They afterwards make rollers, poultice rags, and plaister rags.
500 „ Cotton.
200 Counterpanes—Medical, white-tufted.
400 „ Surgical, check.
25 Dropsy bedsteads.
6 Hospital stretchers.
Rollers.—It will be advisable to have these, when made of calico, stamped in blue with name of Hospital, to secure them from waste.
25 Looking-glasses.
6 Strait-waistcoats.—These should never be the kind which tie behind, with long sleeves. These simply irritate the patient. They should be, if they must be used, a belt round the waist, with gloves attached for the patient's hands.

400 Hospital caps.
400 „ gowns.
400 „ waistcoats.
400 „ trowsers.
250 Pairs of slippers.
800 Shirts—Cotton.
400 „ Flannel.
400 Pairs of Drawers.
800 „ Worsted socks.
400 Neckerchiefs.
600 Pocket Handkerchiefs.
500 Nightcaps.
20 Tables, with drawers and cupboards.
5 Tables for Convalescents' dinners.
50 Soldiers' forms.
20 Padded arm-chairs.
250 Chairs.
200 Bedside tables, with two shelves open.
30 Candlesticks.
30 Snuffers.
30 Coal-scuttles.
30 Sets fire-irons and fenders.
1 Set kitchen fire-irons, do.
40 Close-stools—2 to each Ward, at least.
40 Close-pans—crockery.
40 Urinals—4 for each Ward at least—crockery.
40 Bed-pans—crockery.
Window-blinds—as required.
20 Water-cans—3 gallons.
20 Beer-cans—2 gallons.
250 Pint basins—crockery, for soup or tea.
250 Stone beer bottles.
250 Pint mugs—crockery.
100 Pint mugs—pewter, for malt liquor.
50 Egg-cups—crockery.
250 Knives and forks.
4 Knife-cleaning boards.
250 Tea-spoons.
250 Table-spoons.
20 Mustard-spoons
400 Plates—crockery.
250 Spitting-cups—simple, without tops, earthenware, with round bottoms.
50 Wash-hand basins—crockery.
50 Soap dishes.
50 Small basins for washing sores—crockery.
20 Quart saucepans.
20 Blood porringers.
20 Inhalers.
6 Bed-wrenches.

20 Close-stool chairs—1 to each Ward.
250 Chamber-pots—1 to each bed—crockery.
25 „ with covers, besides two to each Ward, with close-fitting covers, for medical inspection—crockery.
20 Handles with cords, for bed-ridden patients raising themselves.
210 Medicine spoons—common pewter.
25 „ measures—glass.
210 „ cups.
25 Sick (earthenware) feeders.
100 Glass tumblers for wine or spirits.
10 Carving knives and forks.
40 Meat and potato dishes.
10 Hot water dishes with covers, to carry 20 diets each.
50 Bed-trays for patients who cannot leave their beds.
20 Wooden trays.
20 Tea infusors.
25 Small crockery teapots.
20 Coffeepots.
20 Boilers on fire-place—1 to each Ward for hot water.
20 Mustard pots.
20 Salt cellars.
20 Pepper castors.
Door mats as required.
30 Hair brooms, long.
25 Hair „ short.
40 Dry rubbers—to be made of old blankets.
20 Water pails.
25 Hand scrubbing brushes.
25 Blacklead „
12 Whitewash „ Slop pails and mops inadmissible.
20 Housemaid's boxes.
25 Dust pans.
6 Hand lamps.
Lamps for passages as required if gas be not supplied.
6 Tin lanterns—rushlights and floating lights the best of all lights at night.
200 Small napkins—for ophthalmia.
Round towels—1 to each 3 men; to be changed every second day at least.
500 Hand towels.
50 Diaper table-cloths, or white "moleskin."
Brackets and rollers for round towels.
1 Wash-hand stand and towel rack (Surgery).
20 Frames for diet schemes.
Tables and chairs for attendants' rooms.
225 Bed-ticket frames.
8 Dressing trays.
6 Hand bearers.
1 Bier.

2 Palls.
5 Portable baths.
10 Slipper baths.
2 Wooden medicated baths.
20 Foot baths.
5 Arm „
5 Hip „
6 Flesh brushes.
200 Combs.
200 Brushes—for hair.
50 Small tooth combs.
20 Scissors.
20 Razors.
20 Shaving brushes.
20 Soap dishes.
20 Razor strops.
1 Pair of scales and weights—with scoops for weighing flour, &c. (to weigh from 1 to 28 lbs.)
1 For grocery, to weigh from $\frac{1}{4}$ oz. to 14 lbs.
1 Weighing machine—for weighing articles in bulk, with weights, viz., 7, 14, 28, 56 lbs., 1 and 5 cwt.
6 Bath sponges.
7 Measures for milk—1 gallon, $\frac{1}{2}$ gallon, 1 quart, 1 pint, $\frac{1}{2}$ pint, 1 gill, $\frac{1}{2}$ gill.
5 Measures for porter—1 gallon, $\frac{1}{2}$ gallon, 1 quart, 1 pint, $\frac{1}{2}$ pint.
4 Measures for wine—1 pint, $\frac{1}{2}$ pint, 1 gill, $\frac{1}{2}$ gill.
3 Cleavers.
2 Butchers' knives.
1 Steel.
1 Butchers' saw.
5 Milk crocks—earthenware glazed.
2 Potato shovels.
50 Meat hooks.
25 Iron skewers and chains.
2 Bread knives.
1 Chopping-block.
50 Potato nets.
2 Tin scoops—for sugar and tea.
4 Funnels.
6 Brass cocks.
1 Bottle basket for each Ward, for which head attendant is responsible.
1 Pair kitchen bellows.
3 Bottle baskets—for $\frac{1}{2}$ dozen bottles.
3 „ „ „ 1 „ „
Bins, to be fitted with locks and keys.
20 Corkscrews.
3 Hand baskets—2 large and 1 small.
8 Boilers—of 15 gallons each.

1 Range.
1 Hot plate.
Sylvester's or some similar oven on extended scale, to do fish, puddings, mutton chops, and roast meat.
Besides this, there should be an oven to each ward, to keep plates hot.
6 Iron saucepans—1 2-gallons, 1 1-gallon, 1 1-quart, 3 1-pint.
3 Potato steamers—made to fit boilers.
6 Iron tea kettles—4 2-gallons, 2 1-gallon.
6 Tin colanders—1-gallon.
4 Soup ladles—2 1-quart, 2 1-pint.
2 Flesh forks.
4 Carving knives and forks.
3 Water cans—3 gallons each.
3 Milk cans—3 ,,
No frying-pans, stew-pans, gridirons, or dripping-pans admissible.
4 Toasting forks.
3 Tin bread graters.
100 Pudding shapes—round coarse red earthenware porringers.
25 Tin meat tins—quart size round shaped.
6 Large tin dishes.
3 Choppers.
4 Hammers.
2 Wooden mallets.
2 Meat saws.
2 Steels.
3 Tubs for washing cooking utensils—18 gallon size.
3 Tubs for washing potatoes—18 gallon size.
3 Tubs for receiving foul bedding.
1 Bin for foul linen.
6 Large spoons.
3 Flour dredgers—1-pint size.
3 Pepper boxes.
1 Weighing machine—to weigh from $\frac{1}{4}$ oz. to 14 lbs.
2 Lemon squeezers.
4 Sets of measures—$\frac{1}{2}$-pint to 1 gallon.
2 Steak tongs.
3 Tables—2 large, 1 small.
1 Dresser, with shelves, drawers, locks, and keys.
4 Fire shovels.
4 Warming pans.
5 Stomach warmers.
5 Foot do.
4 Water filters.
1 Shovel.
1 Axe.
1 Chisel.

1 Kitchen coal-box.
6 Sets shoe brushes.
Blacking.
1 Plate rack.
1 Board for pastry.
2 Rolling pins.
2 Gravy-strainers.
1 Fish kettle and slice.
24 Soup cans—3 gallons.
1 Large slate.
3 Hand baskets— 2 large, 1 small.
1 Salt-box.
12 Large earthen basins.

To obey Requisitions of Medical Officer.

2. The Purveyor shall, in Hospitals where there is no Governor, obey the requisitions of the Surgeon or Medical Officer in charge of the Hospital, but in cases of apparent extravagance, either in quantity or quality, the Purveyor shall report to the Purveyor-in-chief, in order that the case may be brought under the cognizance of the Secretary of State, for his decision, after hearing the opinion of the Director-General.

To see to Repairs of Hospital.

3. The Purveyor is responsible for all repairs in Regimental Hospitals. He shall see that every repair is immediately executed. When the estimated cost of any repair is less than five pounds, he shall cause it to be at once executed, upon the standing contract made by the Engineer, without previous reference to that Officer. When the estimated cost of the repair exceeds the amount specified, the Purveyor, on receiving the authority of the Medical Officer in charge of the Regiment for so doing, shall enter into a contract for the execution of the work, subject to the approval of the Engineer Officer, both as to the terms of the contract and the sufficiency of the works executed.

To undertake Duties of Supply and Account, &c.

4. The duties of supply and account in Hospitals where there is no Governor are entirely vested in the Purveyor. He shall supply all diets, extras, and drinks on the Diet Tables, and all extras beyond the Diet Tables, on the requisition of the Medical Officer of the ward. He shall keep the accounts and books of the Hospital, and shall render all accounts to the War Office.

Washing of Linen, &c.

5. The Purveyor shall be responsible that implements for washing and drying are duly provided for all Hospitals, whether the washing be done by washers or by contractors within or without the Hospital; and in General Hospitals he will provide washing and drying implements according to a list furnished him by the Captain of Orderlies. In General Hospitals the Patient's personal linen is to be washed at the

establishment, and in other Hospitals under agreement made by the Purveyor, or otherwise.

Clothing of Patients.

6. Every Soldier, on admission into any General or Regimental Hospital, will be provided with clothing and utensils by the Purveyor, according to the regulated scale.

Change of Linen for Patients.

Every Patient in any Regimental Hospital is to be provided with a clean shirt, and (if he can sit up) with a clean pair of stockings, twice a week, or oftener if necessary; and with clean sheets once a fortnight, or oftener if necessary, together with such other articles of clothing as may be ordered by the Medical Officer.

XIX.—Regulations for Field Hospitals.

Field Medical Inspector to be appointed.

1. Before an Army takes the field, the Director-General may appoint a Medical Officer to act as Field Inspector, under the orders of the Principal Medical Officer, to fulfil such inspectorial duties as the Principal Medical Officer may direct in regard to all matters connected with the Hospitals and Medical arrangements of the Army; but the duties of Field Medical Inspector and Sanitary Officer are not to be performed by the same Medical Officer.

Director-General to prepare Lists of Medicines, &c.

2. Before an Army takes the field, the Director-General will prepare lists of the requisite medicines, with the quantities of each, necessary for the panniers, reserves for brigades and divisions, and also for the head quarters of the Army, the medicines and quantities to be suited for the climate and service.

He will also prepare the necessary lists of medical comforts and Hospital stores.

Wheel Transport.

3. In time of war a fixed amount of wheel and other means of transport, in charge of the Military Train, shall, from time to time, on the requisition of the Director-General, and subject to the approval of the Officer commanding the forces, be allowed to the Medical Department of an Army in the field, and such transport shall be allotted, according to the requirements of Battalions, Brigades, and Divisions, by the Principal Medical Officer, in communication with the Officer commanding the Military train, in such manner as the Principal Medical Officer shall judge requisite for the service.

In the event of any emergency requiring an addition to the amount of transport (over and above that for which requisition had been made by the Director-General), the Principal Medical Officer shall make requisition for such additional quantity on the Quartermaster-General.

Equipments in Time of War.

4. In time of war, field Hospital equipments and medical comforts, with transport, shall accompany the Army, in the following proportions. But if from special circumstances the

Director-General should consider that these proportions require to be exceeded, he will represent the same to the Secretary of State for War.

1. For a Battalion - - 850 strong.
2. For a Brigade - - 2,500 „
3. For a Division - - 5,000 „

Battalion Equipment.

For a Battalion 850 strong.

Medical panniers - - - -	1	mule.
Cart for surgical equipment - - -	2	„
Ambulance car, to follow in the rear of the battalion, capable of carrying six or eight men and 14 stretchers = 196 lbs.; also a water barrel, and light operating table - - - -	2	„
Total mules - -	5	„

Cart to carry as follows:—

		lbs.
1	Hospital marquee - - - - - -	400
1	Bell tent - - - - - - - -	69
20	Blankets - - - - - - - -	80
20	Waterproof covers - - - - - -	60
20	Palliasse and bolster covers - - -	160
20	Pairs of sheets or 20 blankets - - -	
4	Cork beds - - - - - - -	31
6	Reaping hooks - - - - - -	9
	Fracture apparatus, box - - - - -	39
	A and B Canteens - - - - - -	160
	Spade, pickaxe, saw, axe, 2 water buckets - -	32
	Total - -	1,406

Medical Comforts.

	lbs.
Arrowroot - - - - - - - - -	14
Tea - - - - - - - - - -	5
Sugar - - - - - - - - - -	10
Case, 6 bottles wine, 6 bottles brandy, locked -	42
Tins, essence of beef - - - - - -	20
Candles, sperm or wax - - - - - -	8
Salt - - - - - - - - -	5
Pepper - - - - - - - - -	2
Mustard - - - - - - - -	1
Preserved mixed vegetables - - - - -	5
Soup - - - - - - - - -	5
Corkscrew and knife for opening tins.	
A few boxes of matches.	
	117
Add weight of hospital equipment - - -	1,040
Total weight - -	1,157

Cart, 12 cwt. = 1,344 lbs.

For a Brigade of 3 Regiments—2,500 Men. In addition to the Regimental Equipment when the Brigade is acting independently.

Brigade Equipment.

Medical panniers for Brigade Medical Officer -	1 mule.
1 Large waggon or 2 carts for Hospital stores -	4 „
1 Cart, to carry from 500 to 600 lbs. weight of comforts, same of materials, and from 100 to 150 lbs. medicines - - - - -	2 „
Total - - -	7 „

Large waggon or 2 carts to carry—

	lbs.
1 Hospital marquee - - - - - -	400
1 Bell tent - - - - - - - -	69
50 Blankets - - - - - - -	200
50 Waterproof covers - - - - - -	150
50 Palliasse and bolster covers - - - -	400
50 Pairs of sheets or 50 blankets - - - -	
8 Cork beds - - - - - - -	62
6 Reaping hooks - - - - - - -	9
6 Stretchers - - - - - - -	84
Spade, pickaxe, saw, axe, and 2 water buckets -	32
	1,406

Also—

2 Large tea-kettles.
2 Large camp do.
2 Light iron triangles.
50 Drinking tins.
50 Tin plates.
2 Tin meat dishes.
50 Spoons.
50 Knives and Forks.
1 Carving knife and fork.
1 Meat chopper.
1 Ladle and flesh fork.
1 Meat saw.
2 Frying pans.
1 Nest of saucepans.
1 Water barrel.
1 Set of measures from $\frac{1}{4}$ pint to a quart.
1 Set of weights from $\frac{1}{4}$ oz. to 7 lbs.
1 Hammer.
1 Knife for opening tins.
1 Corkscrew.
24 Towels.
4 Washhand basins.
4 Candlesticks and snuffers.
2 Lanterns with reflectors.

A few boxes of matches.
2 Lamps (oil).
1 Can of oil, 4 lbs. wick.
6 Urinals.
6 Bed pans.
8 Chamber pots.
4 Close stools and frames.
12 Spitting cups.
4 Blood porringers.
1 Light portable operating table.
1 Coloured glass lantern.
2 Lamps, with reflectors, for operating at night.

Cart, 2 mules or horses, to carry 500 lbs. comforts, viz.:—

	lbs.
Essence of beef	50
Arrowroot	50
Tea	30
Sugar	30
3 dozen wine 3 dozen brandy	252
Candles, sperm, or wax	30
Soap	20
Mustard	3
Pepper	3
Salt	10
Preserved mixed vegetables	25
	503

Also from 500 to 600 lbs. materials, as follows:—

Bandages.
Tow.
Lint.
Old sheets.
Flannel for fomentations.
Shirts.
Splints, various kinds.
——— upper extremity.
——— lower extremity.
——— long wooden straight.
Cradles.
Luke's fracture apparatus.
Pasteboard for splints.
Gutta percha for ditto.
Stump pillows.
Air pillows.
Oil silk.
Oil cloth.
Gutta percha sheeting.
Adhesive plaister.

Isinglass ditto.
Ligature thread.
Needles (surgeons').
Sponges.
Capital instruments, 2 sets.
Stomach pump.
Patent enema syringes.
Chain saws, one case.
Tracheotomy tubes, large size.
Liston's lion forceps, one case.
——— bone ditto ditto.
Post-mortem case ditto.
Cupping instruments ditto.
Counter scissors.
Tape pieces.
Paper, pins, &c.

Also from 100 to 150 lbs. weight of medicines, to consist of the most important and those most required. Total weight, comforts, 500; materials, 600; medicines, 150=1,250 lbs.

For a Division of 6 *Regiments* = 5,000 *Men. In addition to the Regimental Equipment.* Division Equipment.

2 Sets medical panniers, one for each Brigade -	2	mules.
2 Large waggons or 4 carts for Hospital stores -	8	,,
2 Carts to carry comforts, medicines, and materials - - - - - - -	4	,,
Total mules - - -	14	,,

2 Large waggons or 4 carts to carry Hospital stores, viz.:—

	lbs.
2 Hospital marquees - - - - - - -	800
2 Bell tents - - - - - - - -	138
100 Blankets - - - - - - - - -	400
100 Waterproof covers - - - - - - -	300
100 Palliasse and bolster cases - - - }	800
100 Pairs of sheets or 100 blankets - - - }	
12 Reaping hooks - - - - - - -	18
16 Cork beds - - - - - - - -	124
12 Stretchers - - - - - - - -	168
2 Spades, 2 pickaxes, 2 saws, 2 axes, 4 water buckets	64
	2,812

Also—

4 Large tea kettles.
4 Large camp ditto.
4 Iron triangles (light).
100 Drinking tins.
100 Tin plates.
100 Knives and forks.

100 Spoons.
4 Tin meat dishes.
2 Carving knives and forks.
2 Meat choppers.
2 Ladles, 2 flesh forks.
2 Meat saws.
4 Frying pans.
2 Nests saucepans.
2 Sets measures from $\frac{1}{4}$ pint to 1 quart.
2 Sets weights from $\frac{1}{4}$ oz. to 7 lbs.
2 Water barrels.
2 Hammers.
2 Corkscrews.
2 Knives for opening tins.
48 Towels.
8 Washhand basins.
4 Lanterns, with reflectors.
8 Candlesticks and snuffers.
4 Oil lamps.
Several boxes of matches.
2 Tin cans of oil, and 8 lbs. wick.
12 Urinals.
12 Bed pans.
16 Chamber pots.
8 Close stools and frames.
24 spitting cups.
8 Blood porringers.
2 Portable operating tables.
2 Coloured glass lanterns.
4 Lamps, with reflectors, for operating at night.

2 carts to carry from 1,000 lbs. to 1,200 lbs. of medical comforts, same of materials, and from 200 to 300 lbs. of the most requisite medicines.

Medical comforts, viz.:—

	lbs.
Essence of Beef - - - -	100
Arrowroot - - - - -	100
Tea - - - - -	60
Sugar - - - - -	60
6 dozen wine - - - - - }	504
6 dozen brandy - - - - }	
Candles, sperm or wax - - -	60
Mustard - - - - -	6
Pepper - - - - -	6
Salt - - - - -	20
Preserved mixed vegetables - -	50
Soap - - - - -	40
	1,006

The foregoing scales of comforts are in excess of the usual ration drawn from the Commissariat.

From 1,000 to 1,200 lbs. of materials, viz., of-

Bandages.
Tow.
Lint.
Old Sheets.
Flannel for fomentations.
Shirts.
Splints, various kinds.
——— upper extremity.
——— lower extremity.
——— long wooden, straight.
Cradles.
Luke's fracture apparatus.
Pasteboard for splints.
Gutta percha for ditto.
Stump pillows.
Air pillows.
Oil silk.
Oil cloth.
Gutta percha sheeting.
Adhesive plaister.
Isinglass.
Ligature thread.
Needles (surgeons').
Sponges.
Capital instruments, four sets.
Stomach pumps, two sets.
Patent enema syringes.
Chain saws, two cases.
Tracheotomy tubes, large size.
Liston's lion forceps, two sets.
——— bone ditto ditto.
Post-mortem case ditto.
Cupping instruments ditto.
Counter scissors.
Tape, pieces.
Paper, pins.

Also from 200 to 300 lbs. weight of the most requisite medicines.

Recapitulation of transport required for the hospital equipment, comforts, materials, &c., with the number of mules; also sick that can be carried by the same.

For a Battalion of 850 *Men.*

For medical panniers - - - - -	1	mule.
Cart for surgical equipment - - - -	2	„
Ambulance car to follow in rear of the battalion, and capable of carrying from 6 to 8 sick -	2	„
	5	

Brigade of 3 *Regiments* = 2,500 *Men, when Detached.*

Medical panniers for Brigade Medical Officers	1	mule.
Medical ditto, one for each regiment - -	3	„
One large waggon or two carts for Hospital stores - - - - - - - -	4	„
One cart for comforts, materials, and medicines	2	„
3 carts for surgical equipments (one for each regiment) - - - - - -	6	„
3 Ambulance cars (one for each regiment) -	6	„
	22	

From 18 to 24 sick carried.

For a Division of 6 *Regiments* = 5,000 *Men.*

2 large waggons or four carts for Hospital stores	8	mules.
2 carts for comforts, materials, and medicines -	4	„
2 sets medical panniers (one for each brigade)	2	„
6 carts for surgical equipments (one for each Regiment - - - - - - -	12	„
6 ambulance cars (one for each regiment) -	12	„
6 sets medical panniers (one for each regiment)	6	„
Total - -	44	„

From 36 to 48 sick carried.

Assuming the sick required to be carried at the rate of 5 per cent., the following transport will be necessary for a division of 5,000 men:—

128 sick in 16 carts, 8 in each =	32 mules.
122 sick in cacolets or litters =	61 „
250 sick.	93 mules.

Or,—

126 sick in 21 carts, 6 in each =	42 mules.
124 sick in cacolets or litters =	62 „
250 sick.	104 mules.

Some carts or spare mules would, however, be required to

carry the knapsacks of those men carried in cacolets, so that they might not be separated.

The cacolets and litters ought to be removable from the pack-saddles, which would enable stores to be brought back after having conveyed to the rear the sick or wounded.

When a force is detached, the cacolets and litters should be distributed, as the Principal Medical Officer may direct.

Stores to be in charge of Purveying Officer and Dispenser.

5. An officer of the Purveying Department will be in charge of the Hospital stores and comforts, and a dispenser in charge of the medicines and materials of the Division, together with an Issuer or an Orderly for each.

Requisitions in Case of deficiency.

6. In case of deficiency or diminution of stock in these scales of equipment, the Medical Officer in charge of the Battalion, Brigade, or Division, shall make the necessary requisitions so as to complete the equipment previous to a move taking place, which requisitions shall be complied with, without requiring the counter-signature of any superior Medical authority; but he shall transmit a copy of such requisition to the Principal Medical Officer.

Augmentation of Scale of Field Hospital Equipments.

7. When from any unforeseen circumstance, the scale of equipment for a Battalion, Brigade, or Division is insufficient, and where it shall appear to the Medical Officer in charge that an augmentation in the scale is necessary, he shall make a requisition for the same, but before transmitting such requisition to the issuing officer, he shall present it for counter-signature to the superior Medical Officer, without which such requisition will not be available as a voucher to the issuer.

Equipment to be sent with the Troops.

8. In the event of a Regiment embarking for the field, the Director-General shall take the necessary measures that the Hospital equipments and supplies, according to the scale for a battalion (page 70), shall be embarked with the troops.

Hospital supplies in the Field.

9. In the field, meat, bread, sugar, tea, coffee, vegetables, and salt, and all other articles composing the usual rations of the soldier, are to be provided for the Hospital by the Commissariat. But all medical comforts, such as wine, brandy, arrowroot, sago, essence of beef, preserved meat, &c., shall be supplied by the Purveying Department.

XX.—Sanitary Regulations.

Sanitary Duties of the Army Medical Department.

1. The Medical Department of the Army and its Officers are charged not only with the medical care of the sick, but with the duty of recommending to Commanding Officers ver-

bally or in writing, whatever precautionary measures as to Barracks, Encampments, Garrisons, Stations, Hospitals, Transports, Diet, Dress, Drills, and Duties, may, in the opinion of the Department and its Officers, conduce to the preservation of the health of the troops, and to the mitigation or prevention of disease in the Army whether at home or abroad. But in the event of any verbal representation not being complied with, the Medical Officer shall make a representation in writing on the subject to his Commanding Officer.

Personal Hygiene of Troops.

Inspection of Recruits.

2. The Regimental Surgeon or Medical Officer in charge of a Regiment is to inspect and examine very carefully Recruits before final approval, agreeably to the instructions, page 99.

Periodical Inspection for Detection of Disease.

3. He is weekly to inspect the men for the detection of itch, cutaneous complaints, ocular disease, ulcers, and any ailments indicated by the countenance or skin, as fever, marasmus, small-pox, &c., and immediately to adopt such precautionary measures as may appear to him to be requisite. Men with itch are, if possible, to be placed in a separate room, or in a tent, when the season will permit.

Vaccination. Small-pox. Re-vaccination.

4. He is required to report yearly whether every man, woman, and child belonging to the Regiment bears unequivocal marks of either Small or Cow-pox; and is to keep a register of the names and appearances, on the days of examination, of all Patients vaccinated. In all stations where fresh virus can be procured, every doubtful case, not only of soldiers, but of their wives and children, should undergo re-vaccination. Any cases of Small-pox are to be immediately reported to the Director-General in a special report, specifying the name and age of each individual, and whether bearing satisfactory marks of vaccination, and by whom vaccinated.

If the patient be a Soldier, and no marks of vaccination exist, such fact should be mentioned in the said report, with a statement showing the date of his joining the Corps, by what Medical Officer examined on enlistment, and with a copy of any note or memorandum transmitted by that Officer to the Regimental Surgeon. Whenever the Medical Officer has reason to believe that re-vaccination is necessary, he should proceed to re-vaccinate those who may require it.

Inspection of Lavatories and Baths.

5. The Surgeon or Medical Officer in charge shall, at least once a-week, inspect the Lavatories and Baths of all Barracks, Quarters, and Hospitals, to see that they are in an efficient state.

6. He shall satisfy himself that the personal cleanliness of the men is properly attended to. Personal Cleanliness.

7. He shall visit periodically all grounds or places set apart for games or amusements for the troops, and shall give his advice on such matters, and also on the kind and amount of gymnastic exercises best suited to improve the health of the men. Gymnastics and Games.

8. He shall, from time to time, examine the amount and quality of the ration supplied to the troops, and also the quality of articles of food and drink sold in the canteens, and the ventilation of the canteens themselves. He shall examine the cooking, and ascertain whether it be sufficiently varied; likewise the quality and amount of drinking water, and he must ascertain whether wells and other sources of water are protected from soakage from latrines, cesspools, drains, and other sources of impurity. Rations, Drink, Cooking, &c.

BARRACKS, QUARTERS, AND HOSPITALS.

9. Before any new Barrack or Hospital is erected, the plans and site will be submitted for approval, in so far as regards the healthiness of the buildings, to the Director-General. Approval of Plan and Site of Barracks and Hospitals.

10. The minimum space to be allowed for men in permanent Barracks in temperate climates is 600 cubic feet. The number of men which each Barrack room is capable of containing in accordance with this measurement is to be painted on the door; and the numbers so notified shall not be increased without the sanction of the Secretary of State.* The space per man in detached wooden huts is not to be less than 400 cubic feet. And the number of men per hut is also to be painted on the door. Cubic space to be allowed.

11. Before any buildings are selected for the accommodation of troops or for Hospitals, their sanitary condition shall be examined by a competent Medical Officer, and shall be reported on to the Commanding Officer, and such sanitary improvements indicated as may be requisite to secure the health of the men. Selection of Quarters or Hospitals.

12. The Surgeon or Medical Officer in charge shall satisfy himself that every soldier in Barracks and every patient in Hospital has a separate bed, and that the beds are not placed Distance of Beds.

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* In all new Barracks, in temperate climates, the amount of space will be 600 cubic feet per man, and it is to be raised to the same amount in all existing Barracks, as soon as the accommodation can be sufficiently extended. In all Barracks partly occupied, the men are to be distributed, so as to give as nearly as possible 600 cubic feet per man.

at a less distance than six inches from any part of the wall, and that the beds are arranged so as to be at suitable distances from each other.

Number of Men the same as painted on the Door.

13. That the number of men in barrack-rooms, hospital wards, and guard-rooms is in accordance with the number painted on the door; and if it be not so, he is to state in his annual Report to the Director-General what the monthly average of cubic space per man has been.

Ventilation and Lighting.

14. That every barrack, guard-room, hospital, and cell is suitably lighted and provided with sufficient means of ventilation to keep the air in a pure state by night as well as by day.

15. That married soldiers' quarters, schools, reading rooms, kitchens, wash-houses, lavatories, urinals, and latrines, are suitably ventilated and lighted.

Means of Ventilation to be efficient.

16. That the means of ventilation provided for any barrack, guard-room, hospital, or cell, or for any school, reading-room, kitchen, washhouse, lavatory, urinal, or latrine, are in efficient operation.

Opening of Windows.

17. That the windows of every barrack-room are opened sufficiently to allow of a free ventilation as soon as the men have risen, and that they are kept open to such extent during the day as the weather and season may admit.

Beds to be exposed.

18. That the beds and bedding are freely exposed to the air for at least an hour every morning before they are made up.

Barracks to be Limewashed.

19. That the walls and ceilings of barracks or quarters and hospitals are limewashed twice a-year, or oftener, if necessary, and that the walls are scraped at intervals.

Inspection of Quarters.

20. When the Regiment is billeted, the Medical Officer shall visit the men's quarters frequently, to ascertain that they are in a good sanitary condition, and that the men's apartments are sufficiently warmed and ventilated, and not overcrowded, and the bedding clean and dry.

Inspection of Barracks by Medical Officer.

21. In order to fulfil these duties, the Surgeon or Medical Officer in charge shall visit all barracks, quarters, guard-rooms, hospitals, cells, and married soldiers' quarters at frequent intervals, to examine their general sanitary condition and cleanliness. He shall note the state of cleanliness of the rooms and beds, the state of the atmosphere by day, and when the men are in quarters. He shall examine and make inquiry, at such times as he may consider neces-

sary, into the condition of the latrines, drainage, urinals, water supply, stables, general cleanliness, &c., so as to enable him to judge of the sanitary condition of the whole buildings. He shall keep notes of all such examinations, stating whether the results were satisfactory, the defects he discovered, the representations he made, verbally or in writing, to his Commanding Officer to have them removed, and the result.

GARRISONS, CAMPS, AND STATIONS.

22. In Garrisons, Camps, and Stations, where a special Sanitary Officer has not been appointed, the Principal Medical Officer shall perform the duties of Sanitary Officer.

Duties of Sanitary Officer.

23. He shall exercise a general supervision over the sanitary condition of all parts of the Garrison, Camp, or Station, and its vicinity, as regards drainage, cleanliness, removal of nuisances, water supply, overcrowding, ventilation, limewashing, lighting of Barracks and Hospitals, the state of latrines, and all other matters affecting the health of the troops.

To watch over the Sanitary State of Garrison or Station.

24. He shall represent any sanitary defects in the same, together with his recommendations thereon, verbally or in writing, to the Officer commanding the troops, and in like manner the Surgeon or Medical Officer in charge of any Regiment or Detachment shall represent and recommend to the Commanding Officer, verbally or in writing, whatever he may consider necessary for protecting the health of the troops, whether as regards the abatement or removal of local causes of disease, or as to any alteration of diet, clothing, drills, or duties, in terms of these regulations, subject to the condition already mentioned, that, if any verbal representation is not complied with, the Principal Medical Officer or Medical Officer in charge shall make a representation in writing on the subject to his Commanding Officer.

To recommend Precautions to Commanding Officer.

25. Should any epidemic disease appear in any Garrison, Camp, or Station, the Principal Medical Officer shall immediately inquire into its cause, and in communication with the Regimental Medical Officers, he shall, if necessary, recommend, in writing, to the Commanding Officer, such measures of precaution as may be requisite for mitigating or preventing such disease. In the case of Regiments or Detachments, similar written representations shall be made to the Commanding Officer by the Surgeon or Medical Officer in charge.

To recommend Measures for preventing Epidemic Diseases.

26. The Surgeon or Medical Officer in charge shall transmit to the Principal Medical Officer in Garrisons, Camps, and Stations, and to the Sanitary Officer, when an Army is

Copies of Recommendation to be sent to

Principal Medical Officer and Director-General.

in the field, copies of all written recommendations he may have considered it necessary to make, for protecting the health of troops, and, except when an Army is in the field, he shall immediately send copies of such recommendations stating the results to the Director-General.

Commanding Officer to consider and give effect to Recommendations.

27. The Commanding Officer of any Garrison, Camp, Station, Regiment, or Detachment, immediately on receiving any verbal or written representation or recommendation from the Principal Medical Officer, or from the Surgeon or Medical Officer in charge, on any matter influencing the health of the troops, will take the same into his most careful consideration, and give the necessary instructions for remedying the defects represented, unless he have sufficient reasons for not doing so, in which case, and if the representation has been made in writing, the Commanding Officer will state such reasons in writing, and transmit the same forthwith, together with the representation or recommendation of the Medical Officer, to the Commander-in-Chief.

XXI.—Sanitary Regulations for Field Service.

Duty of Director-General.

1. Before an Army takes the field, the Director-General, in addition to the information and advice usually tendered to the War Department, on matters connected with the Hospital arrangements of the Army, shall, on the requirement of the Commander-in-Chief, or the Secretary of State for War, give the opinion of the Army Medical Department, in writing, on all matters connected with the country, climate, productions, rations, clothing, shelter for troops, sanitary arrangements and precautions, and on all other matters bearing on the health of the Army in the field.

Director-General to appoint Sanitary Officer.

2. The Director-General shall recommend for appointment a competent Sanitary Medical Officer, to be attached to the Quartermaster-General's Department, as Sanitary Officer to the Army.

Director-General to issue Sanitary Instructions.

3. The Director-General shall issue to the Principal Medical Officer and Sanitary Officer of every Army on active service, such a code of instructions for their guidance, on all matters connected with rations, clothing, shelter for troops, sanitary arrangements and precautions for preventing disease, in addition to any printed regulations or instructions on the subject, as he may see necessary to meet the specialties of each case.

Sanitary Officers to make Inspections of

4. The Sanitary Medical Officer shall accompany the Quartermaster-General, or such Officer as he may appoint, in

selecting buildings for occupation by troops, whether as hospitals, quarters, or stables. He shall examine into their sanitary condition, as respects cleansing, nuisances, drainage, ventilation, lighting, water supply, lime-washing, cubic contents, and into all other matters connected with such buildings as are likely to affect the health of the troops or of sick; and he shall advise the Quartermaster-General, or his deputy, on all such subjects, sending copies of all reports he may have considered it necessary to make, to the Principal Medical Officer. The Sanitary Officer shall point out in his reports every sanitary defect requiring removal, and the number of troops or sick which can be safely accommodated in the buildings. Buildings, and to advise Quartermaster-General.

5. The Sanitary Medical Officer shall further examine into the sanitary condition of towns or villages about to be occupied, and their neighbourhood; and he shall make recommendations for organizing a proper sanitary police, to preserve cleanliness and for removal of nuisances, as well as for the execution of such sanitary measures as he may consider necessary for protecting the health of troops in occupation. Also of Towns and Villages.

6. Before selecting any site for an encampment, the Sanitary Medical Officer, on being directed by the Quartermaster-General to do so, shall accompany him, or such other Officer as the Quartermaster-General may appoint, on his inspection, and the Sanitary Officer shall give, in writing, his opinion on the salubrity or otherwise of the proposed position, with any recommendations he may have to make, respecting the drainage of the site for a camp, the preparation of the ground, the distance of tents or huts from each other, the number of men to be placed in each tent or hut; the state of cleanliness, ventilation, water supply; the position and regulation of latrines and slaughtering-places; cleansing and disposal of refuse; burial of the dead and of carcases of animals, &c. Inspection of Camp Sites.

7. The Medical Sanitary Officer shall further superintend the sanitary arrangements of the camp and of occupied towns. He shall see that the surface and vicinity of camps and towns are kept clean and free from nuisances—that defects of the surface-drainage are remedied—that the dead are properly interred, and the carcases of animals and offal are properly buried or otherwise disposed of—that latrines are properly regulated—that the water supply is preserved in a state of purity. Sanitary Officer to Superintend Sanitary Arrangements.

8. He shall inform himself as to the sanitary condition of hospitals, huts, tents, houses, and other buildings in occupation, and shall recommend, in writing, such precautionary measures for the prevention of disease as he may think fit, To recommend precautions for preventing disease.

whether as regards cleansing, draining, prevention of overcrowding, ventilating, lighting, lime-washing, removal of nuisances, improvement in water supply, and on all other local matters affecting the health of the troops or the sick.

Principal Medical or Sanitary Officer to give advice to Commander of the Forces.

9. The Principal Medical Officer, or Sanitary Officer, as the case may be, of every Army in the field shall, on being consulted by the Commander of the Forces, give advice, in writing, on the composition of rations, clothing, shelter, sanitary arrangements and precautions for preventing disease, and on all other subjects bearing on the health and physical efficiency of the troops. Even where such advice is not requested, the Principal Medical Officer shall, nevertheless, send, in writing, to the Commander of the Forces, the fullest information on all these subjects, with such recommendations as appear necessary for protecting the health of the troops.

Principal Medical or Sanitary Officer to issue Sanitary Instructions.

10. The Principal Medical Officer or Sanitary Officer of every Army in the field shall, with the sanction of the Commander of the Forces, immediately on the opening of a campaign, as well as at such other times as may appear to him to be necessary, issue such instructions regarding sanitary precautions to be observed for protecting the health of the troops as he may consider requisite for the guidance of the Medical Officers.

Prevention of Zymotic Disease.

11. The Sanitary Officer shall keep up a continual daily inspection of the whole camp, and shall especially inform himself as to the health of the troops, and of the appearance of any zymotic disease among them, and he shall immediately on being informed of the appearance of any such disease, examine into the cause of the same, whether such disease proceed from, or is aggravated by, sanitary defects in cleansing, drainage, nuisances, overcrowding, defective ventilation, bad or deficient water-supply, dampness, marshy ground, or from any other local cause, or from bad or deficient food, intemperance, unwholesome liquors, fruit, defective clothing or shelter, exposure, fatigue, or any other cause, and report immediately to the Commander of the Forces on such causes, and the remedial measures he has to propose for their removal, sending a copy of all such reports to the Principal Medical Officer of the Army, and he shall report, at least daily, on the progress or decline of the disease, and on the means adopted for the removal of its causes, until it is no longer necessary to do so.

Sanitary Regulations for Troops on march.

12. When troops are on the line of march, the Sanitary Officer, the Principal Medical Officer, or any Medical Officer appointed by him specially for such duty, or the Regimental

Surgeon, as the case may be, shall accompany the Quarter-master-General or the Officer acting under his orders, and collect as much information as possible as to the Medical topography of the district, with special reference to places which ought to be selected or avoided for camping grounds.

During epidemic seasons he shall also indicate the best means of mitigating or preventing attacks of disease on the march.

13. Troops, before proceeding on a march, should have some refreshment, especially during epidemic seasons. Refreshment for Troops before a march.

14. The Principal Medical Officer and Sanitary Officer of every Army in the field, shall send to the Director-General, at such intervals as the Director-General may determine, full information on all subjects connected with the hygiène of the Army, together with such recommendations for improving this service as the Principal Medical Officer or Sanitary Officer may consider requisite. Principal Medical Officer to Report to Director-General.

15. All Medical Officers, in charge of General Hospitals, Divisions, and Brigades in the field, shall transmit to the Principal Medical Officer of the Army, for the guidance of the Sanitary Officer, full information as to the sanitary state of the troops and Hospitals, and on all matters affecting the health and physical efficiency of the men, at such intervals as the Principal Medical Officer may appoint. Medical Officers to Report.

16. Sanitary Officers attached to any Army in the field, or to any General Hospital, at the base of operations, shall draw up a weekly Sanitary Report on the state of the Army or Hospital, to be sent to the Principal Medical Officer of the Army, for the information of the Commander of the Forces, a copy of which will be transmitted by the Principal Medical Officer immediately to the Director-General. Sanitary Officers to Report.

XXII.—Transport Ships.

1. Before an Army takes the field, the Director-General will report to the Minister at War the amount of ship transport that will be required for sick, the nature and extent of the fittings, equipments, stores, and supplies of all kinds necessary for the sick on board the transports, also the number of Medical Officers and attendants that will be required. Director-General to report on sick transport required.

2. At every port where troops or sick are embarked, the Principal Medical Officer or Senior Medical Officer on the spot shall inspect every transport ship; ascertain the tonnage per Preliminary Inspection of Transports.

man, and the height between decks, and that the cubic space, superficial area, and means of ventilation are adequate for the number of troops or sick to be embarked: that the ship is clean, the bilge sweet, the water-closets clean, and in good condition: that there is a sufficient supply of chloride of zinc, and that a fumigating apparatus, with proper materials, is on board, as well as stoves for drying and purifying the air between decks in damp weather: that the cots, bedding, utensils, and arrangements for cooking are sufficient: that the stores and water supply are good and sufficient: that the medical stores and comforts are supplied or purchased according to the instructions to that effect (*see* page 111,) and the necessary forms filled up (*see* page 113): that there is a due proportion of Medical Officers according to the number and state of the sick, and that in the case of the transport of sick, at least one Orderly for every ten sick is provided.

Medical Officer to recommend precautionary measures.

3. Should the Inspecting Medical Officer discover any defects in any of the above particulars likely to affect injuriously the health of the troops or sick during the voyage, he shall forthwith report the same in writing with his recommendation for removing the defects, to the Officer commanding at the port of embarkation, and shall transmit a copy of his report, with the result, to the Principal Medical Officer on the station, who will forward the same with his remarks to the Director-General.

Sanitary Duties on board Transport Ships.

4. The Medical Officer in charge of troops and sick on board transports shall, during the voyage, keep a constant oversight over the ventilation and cleanliness of the ship, the cleanliness of the water-closets, the condition of the bilge, and over all other matters likely to affect injuriously the health of the troops or sick, in terms of the Queen's Regulations ("*Duties on board ship*"); and should defects arise in any of these matters, the Medical Officer in charge shall immediately represent the same to the Officer commanding on board, with such recommendations as he may consider necessary for the preservation of health; and immediately on the arrival of the ship at its destination, he shall forward a copy of every representation or recommendation made by him, in writing, during the voyage, with the result, to the Director-General, through the Principal Medical Officer.

Disembarkation of Troops or Sick.

5. On the arrival of troops at any port of disembarkation, the Medical Officer detailed for that duty will immediately visit and inspect the vessel, and the state of health of the men on board. He will ascertain what casualties have occurred during the passage; whether the ship was well provided with every requisite, and was kept in good sanitary condition;

whether the accommodation had been sufficient; and whether any defects had been discovered during the voyage. He shall draw up a report on the subject, and forward it to the Principal Medical Officer for transmission to the Director-General.

XXIII.—Surgical Instruments, Medicine Chests, and Medicines.

Instruments for the Surgeon.

1. Surgeons Major, Staff and Regimental Surgeons, are, at their own expense, to provide and keep up a complete case of field instruments, in conformity with instructions to be issued from time to time by the Director-General, and a pocket case of instruments and lancets. They will, however, be supplied by the public with a set of cupping and tooth instruments, stomach-pump, patent enema syringe, and post-mortem case; but, if lost or damaged, they must replace or repair them at their own charge. The surgical instruments are to be always kept in the surgery, and in the most perfect order.

Instruments for the Assistant-Surgeon.

2. Assistant-Surgeons of Cavalry, being frequently detached from Head-quarters, and all other Assistant-Surgeons, when in charge of Regiments, Detachments, or Depôts, shall be provided, at the public expense, with a complete set of capital instruments; but every Assistant Surgeon is, at his own expense, to provide himself with a pocket-case of instruments and lancets.

Every charge preferred by Assistant Surgeons exceeding five shillings for grinding or repairing the capital instruments, is to be supported by the approval of the Director-General or Principal Medical Officer of the Station.

Loss or Damage of Surgical Instruments on Foreign Stations.

3. On Foreign Service, surgical instruments may, in cases of loss or damage, be replaced from the public stores, at the prices paid by the Government to the makers.

Steel Trusses may be purchased, &c.

4. Commissioned Officers of the Army, and persons employed under the Government, have the privilege at Foreign Stations, subject to the approval of the Commanding Officer and of the Principal Medical Officer, of purchasing from the public medical stores such steel trusses, as may be required for their personal use, at the prices paid by the Government to the instrument makers.

The proceeds of these sales are to be immediately paid into the military chest, and duly reported to the Secretary of State for War, by the Principal Medical Officer, who will forward to the Director-General half-yearly returns of the articles, showing the prices thereof, and the names and ranks

of the purchasers; and will duly account for these issues in a separate column of the half-yearly returns of medicines and surgical stores.

Medicine Chests.

5. Regiments are furnished, according to their establishment, with one or more medicine chests, agreeably to the invoices in the Appendix, to which invoices Medical Officers are expected generally to confine their practice.

Supply of Medicines, &c., for Troops embarking on Foreign Service.

6. In every instance of a supply of Medicines or Instruments for the use of Troops embarking on Foreign Service, the Principal Medical Officer will procure from the Medical Officer in charge, a receipt, in duplicate, for such supply, in the Forms, pages 178, 180, submitting the same for the approval of the Director-General, who will return one of those receipts to the Principal Medical Officer as his voucher for the issue.

Purchase of Medicines, &c.

7. Medicines not in the chest are not allowable at the public expense, without the previous sanction of the Director-General, or Principal Medical Officer, unless the circumstances are so urgent as not to admit of a reference to him. In such case, however, the required medicines may be purchased.

All such charges are to be supported by a declaration of the Medical Officer, that the medicines were necessarily purchased, and on the best and cheapest terms; and the articles purchased are to be accounted for in the next return of medicines.

If a Medical Officer purchase spirits of wine, &c., for a preparation for the Museum at home, he will apply for the Director-General's authority for such expense before it can be charged in the public accounts.

Mode of obtaining Supplies of Medicines, and Annual Reports on their Qualities, &c.

8. Supplies of medicines and medicine chests are to be drawn at home, by half-yearly returns and requisitions, made to the Director-General by the Medical Officer in charge, on the 1st of April and 1st of October, on the usual printed forms. If an intermediate supply be unavoidably necessary, a requisition, in duplicate, should be sent to the Director-General; unless the articles wanted can be drawn from the Medical Store of a neighbouring Regiment, in which case a voucher signed by the Officers borrowing and lending respectively, must be transmitted by the latter with his next Return of Medicines. In a district where a superior Inspecting Medical Officer is acting, these Returns and Requisitions should be sent through him. From Foreign Stations the requisitions are to be annual, dated 1st April, and the Returns

of Medicines are to be annual, dated 1st April, for the year ending 31st March.

Medicines and Surgical Stores, for Home or Foreign Stations, are to be drawn upon distinct requisitions, in the forms, pages 173, 178, 180; care being taken not to blend medicines and stores in the same requisition. The invoices and receipts will be divided in a similar manner, as no intermixture of articles can be allowed. The names of the parties supplying the medicines and surgical stores will be affixed to the various articles, which must not be mixed with any previously received; in order that if objections shall be made as to their quantity or quality, the party that supplied them may be readily applied to. The bottles, jars, &c., containing the medicines supplied by different parties, may be kept in the surgery at one time; but the medicines supplied by different persons must not be mixed together in the same jar or bottle.

On the 1st of October of each year, a report is to be transmitted to the Director-General on all the said supplies. Any objections, therefore, as to the age, adulteration, or chemical defects of the medicines, should be noted from time to time, that the report may be fully substantiated. All losses or casualties resulting from bad packing, leakage, or accident, must be stated at the time of receiving the stores, in the usual manner by a Medical Board.

On a change of station being ordered between the transmission of a requisition and the receipt of the supply, such change is to be immediately reported to the Director-General, adding to what Station the supply should be forwarded.

Disposal of empty Bottles and Packages on Home Service.

9. On home service all empty bottles and packages, in which supplies of Medical Stores were received, are to be carefully preserved from damage, and such as will not probably be wanted for further Hospital use, are to be reported annually to the Director-General, either on the 1st of April or the 1st of October, in a list, in duplicate, specifying the number and description of each article, and the probable sum obtainable for the same by private sale on the spot. A similar report is also required at any intermediate period, when from a change of Station, or on any other account, it may be deemed expedient to dispose of such articles. The proposed sales, when approved of by the Director-General, are to be forthwith effected, and the proceeds thereof duly accounted for in the next Hospital accounts.

On Foreign Service.

10. On foreign service, sales of empty bottles and packages are to be made under the orders of the Principal Medical Officer on each Station annually, or more frequently, if deemed expedient, and the proceeds of such sales are to be

immediately paid into the military chest, and duly reported to the Secretary of State for War.

Leeches.

11. In all cases in which the use of leeches is necessary, they are to be purchased, and the charge is to be vouched by the Medical Officer's declaration that the leeches were purchased on the best and cheapest terms; under ordinary circumstances, venesection and cupping should be resorted to.

Steel Trusses.

12. In cases requiring steel trusses, requisitions in duplicate are to be transmitted to the Director-General at home, or abroad to the Principal Medical Officer, specifying the dimensions and description of the trusses, and the names of the men for whom required. *See* Form, page 182.

XXIV.—Regulations for Statistical and Sanitary Reports and Returns.

Recruiting Returns.

1. Medical Officers engaged on the Recruiting Service are required to fill up the particulars in the "Register of Recruits," Form A., page 136.

In entering in this return the previous occupation of the recruit, the Medical Officer shall follow, as far as practicable, the "Instructions on the Nomenclature of Occupations, Form B., page 138.

At the end of every year each Medical Officer engaged on the Recruiting Service should fill up the two last columns in Form C., page 140, with the diseases found on examination of recruits, whether fit or unfit for service.

Copies of Forms A. and C., duly filled up, are to be sent at the end of each year to the Director-General.

Civil Practitioners will fill up Forms for the Recruiting Party, who will transmit the same once a month to the War Office with the recruiting accounts.

Discharging and Invaliding Returns.

2. The Surgeon or Medical Officer in charge of a Regiment is required to fill up on Form D., page 141, the causes of invaliding, arranged in quinquennial periods, and to transmit the same, together with his annual report on the state of the Regiment, to the Director-General.

Register of Invalids.

3. Form E., page 142, the "Register of Invalids arrived at Invalid Depôt," is to be filled up by the principal Medical Officer, and an abstract of the register on Form D., with a report on the results, is to be sent annually to the Director-General.

4. The following books shall be kept at every regimental Hospital by the Surgeon or Medical Officer in charge:— REGIMENTAL BOOKS AND RETURNS.

(1.) A Medical Histories Book, in which the Medical History of every man joining the regiment is to be kept to the date of his death, discharge, or invaliding or transfer to another corps or to depôt, according to Form F., page 144, and the instruction, page 116. Medical Histories Book.

(2.) An Admission and Discharge Book, in which every case is to be entered, according to Form G., page 146, and the instruction, page 118. Admission and Discharge Book.

(3.) In all statistical and medical Forms and records of regimental and general Hospitals the statistical Nosology, Form H., page 148, is to be made use of. Statistical Nosology.

(4.) Whenever a patient is left in charge of another Surgeon, or transferred to a General Hospital, a Medical certificate, Form I., page 155, is to be sent with him, which is to be filled up and transmitted by the Medical Officer with whom the patient was left, according to the memorandum printed on it. Medical Certificate Book.

(5.) A Medical Case Book, in which the history, etiology, diagnosis, treatment and results, with post-mortem appearances, in case of death, of every important case, are to be entered in detail, according to Form L., page 158, and the instruction, p. 121. Medical Case Book.

(6.) A letter book, in which all official letters, written by the Medical Officer in charge, and all representations or recommendations, respecting the sanitary state of the troops, which he has considered it necessary to make in writing to the commanding Officer, with the replies, are to be entered for the inspection of the Military Inspecting General, the Director-General, or any Inspecting Medical Officer. Letter Book.

(7.) A Diary, in which the Medical Officer is to enter all medical occurrences, and the notes of his sanitary inspections and inquiries, with copies of his reports. Diary.

(8.) A Register Book, for cases of vaccination and small-pox. Vaccination Register.

(9.) A Register of Recruits, Form A., page 136. Register of Recruits.

5. In every General Hospital the following books shall be kept:— GENERAL HOSPITAL BOOKS.

(1.) An Admission and Discharge Book, Form K., page 156, which is to be kept in the same manner as the Regimental Admission and Discharge Book. Admission and Discharge Book.

Medical Case Book. (2.) A Medical Case Book, containing the details of every acute and important case admitted into Hospital in Form L., page 158.

Ward Book. (3.) A Ward Book.

Letter Book. (4.) A Letter Book.

Necrological Register. (5.) A Necrological Register.

Depôt Books. 6. At every depôt the Staff Surgeon or Medical Officer in charge shall keep—

Admission and Discharge Book. (1.) An Admission and Discharge Book, Form G., page 146, for every Regiment (or Battalion).

Medical Histories Book. (2.) A Medical Histories Book, Form F., page 144, in sheets which can be easily detached.

The Medical History of each Recruit will be begun on his "Medical Histories" sheet by the Depôt Surgeon, and when the man joins his Regiment, the sheet is to be sent with him to be inserted in the Medical Histories Book of the Regiment.

Medical Case Book. (3.) A Medical Case Book, in Form L., page 158.

Diary. (4.) Diary.

Letter Book. (5.) Letter Book.

Register Book. (6.) Register Book for Vaccination and Small-pox.

Register of Recruits. (7.) A Register of Recruits, Form A., page 136.

Reports on Recruits. (8.) Forms for Reports on Recruits, the same as those already mentioned.

Statistical and Sanitary Returns. 7. The following Statistical Returns and Reports shall be made up from the Regimental Hospital Books, by the Surgeon or Medical Officer in charge, and transmitted to the Director-General, in the manner herein-after mentioned:

Weekly Return of Sick. (1.) A Weekly Regimental Return of Sick, on Form M., page 159, is to be filled up and sent at the end of every week by every Surgeon or Medical Officer in charge within the United Kingdom to the Principal Medical Officer of the station, district, or garrison, and such Principal Medical Officer shall either forward the Return forthwith to the Director-General, or make a summary in his office of the returns of each Regiment, showing each Regiment separately, and forward the same forthwith to the Director-General, according as he may receive instructions. On all stations out of the United Kingdom, this Weekly Return shall also be sent to the Principal Medical Officer of each station, by whom a summary of all the Returns of the station shall be made up

and transmitted to the Director-General, once a month. To the Weekly Return may be appended any medical, sanitary, or statistical notes which the Medical Officer may think it necessary to add respecting the health of the troops. But any unusual amount or kind of sickness or mortality in the Regiment, with its causes or predisposing conditions or circumstances, the recommendations made by the Medical Officer to the Commanding Officer respecting it, and the results of such recommendations, must always be carefully noted.

Monthly Sanitary Report.

(2.) On all stations the Surgeon or Medical Officer in charge shall transmit to the Principal Medical Officer of the station, together with the last Weekly Medical Return of each month, a report on the health of the troops, and on the sanitary condition of the barracks, quarters, hospitals, and vicinity of the station for the preceding month, and on the rations, drinks, clothing, duties, &c., of the troops, and the effects of these on their health; the report to be sufficiently detailed to enable the Principal Medical Officer and the Director-General to ascertain that every necessary precaution for protecting the health of the troops has been in use.

Annual Sanitary Report.

(3.) An Annual Sanitary and Statistical Report on the printed form and according to the Instructions, p. 107, and made up to December 31st of each year, shall be drawn up by every Surgeon or Medical Officer in charge of any Regiment or Detachment, and transmitted to the Director-General on or before January 31st following. On Stations abroad, the Report will be sent to the Principal Medical Officer on the Station, who will forward the same to the Director-General.

Depot Statistical and Sanitary Report.

8. A Weekly and Annual Medical Return with appended Sanitary Notes, Memoranda, and Reports in the same form as the Regimental Returns and Reports, shall be drawn up by the Staff-Surgeon or Medical Officer in charge of every Depôt Hospital, and transmitted in the same manner to the Director-General.

General Hospital Weekly State.

9. A weekly Hospital State shall be made up by the Registrar of every General Hospital, in Form M., page 159, with the names of the Regiments to which the cases belong, and transmitted week by week to the Director-General through the Principal Medical Officer of the Hospital.

Principal Medical Officer.

10. (1.) Every Principal Medical Officer shall make up and transmit to the Director-General a Quarterly Statistical Return

Quarterly Return and Monthly Report.

of the diseases and mortality within his district, compiled from the Weekly Returns, received by him from Medical Officers. He shall also transmit monthly a report upon the health of the troops, and the sanitary state of the Barracks, Hospitals, Camp, or Station, and their vicinity, with the recommendations which have been made to the Commanding Officer for protecting the health of the troops, and the result.

Annual Report.

(2.) The Principal Medical Officer shall likewise transmit to the Director-General an annual report of the diseases within his district, compiled from the Regimental Reports and States, and also a detailed sanitary report for the year.

Reports of Epidemic Disease in a Garrison.

11. When epidemic disease prevails among any population, in the neighbourhood of which any Regiment or Detachment is stationed, or among the civil population of any Garrison, Station, or Camp, sanitary reports or memoranda shall, in every such case, be sent by the Medical Officer in charge, week by week, to the Director-General through the Principal Medical Officer, together with the Weekly Statistical Report.

Epidemic Diseases among Troops.

12. If any epidemic disease attacks the troops in any Regiment or Detachment, the occurrence must be forthwith notified by the Medical Officer in charge, to the Director-General and Principal Medical Officer, and a report on the progress of the disease and the sanitary state of the troops must be sent to the Director-General through the Principal Medical Officer, day by day, as far as it may be practicable to do so, till the disease has disappeared.

Reports to include Strength, Service, and Ages of Troops.

13. Every Weekly Regimental Return must contain the strength of Officers, Non-commissioned Officers, and men, the numbers to be obtained by the Surgeon from the orderly room.

Every Quarterly and Annual Report must contain the average strength for the period, to be obtained in the same manner.

In addition to the average strength, the Annual Return must contain the ages and periods of service of the men arranged in quinquennial periods, and the numbers of men of each rank in the several classes.

Medical Statistics of an Army in the Field.

14. (1.) When an Army is in the field a Daily Medical Return of Diseases is to be made up by the Regimental Surgeon or Medical Officer in charge on Form M., page 159, and transmitted to the Principal Medical Officer, to be used for his report to the Commanding Officer of the Forces.

(2.) A classified Return of Wounds and Injuries received in each action on Form N., page 161., is to be sent as soon as possible by the Surgeon or Medical Officer in charge to the Principal Medical Officer. Return of Wounds, &c.

(3.) A Classified Return of Wounds and Injuries of every kind received in action and admitted into Hospital on Form O., page 162, is to be made up and transmitted by the Regimental Surgeon or Medical Officer in charge to the Principal Medical Officer at the conclusion of each week. Wounds, &c. in Hospital.

15. All Surgical Operations performed throughout the Service are to be entered in the Classified Return of Operations, Form P., page 163, and the form filled up is to be sent by the Surgeon with his Annual Report. Classified Return of Operations.

16. The Quarterly Register of Deaths, Form Q., page 164, with the data filled up, is to be prepared by the Director-General together with a list of the Births and Marriages in the Army throughout the quarter, and transmitted as soon as possible to the Registrar General for insertion in the Public Register. Quarterly Register of Deaths.

17. An Admission and Discharge Book, similar to Forms G., page 146, and I., page 155, should be kept for Officers, and in them will be entered the Admissions and Discharges, Invaliding and Deaths from disease, from wounds, in Hospital, and from deaths in the field, of all Commissioned Officers. Tabular extracts from this book must be transmitted by the Surgeon or Medical Officer in charge, with his Annual Report, to the Director-General. Admission and Discharge Book and Medical Case Book for Officers.

The details of important cases will be entered in a Medical Case Book for Officers, similar to Form L., page 158.

18. All sanitary reports and memoranda sent by Medical Officers to the Army Medical Department must be drawn up in strict conformity with the instructions issued by the Director-General. Reports to be strictly according to Instructions.

19. Detailed Medical Reports of fatal cases are invariably to be transmitted to the Director-General under the following circumstances:— Detailed Medical Reports of Fatal Cases.

(1.) All deaths of Officers.

(2.) When a soldier dies, on or immediately after his transfer either from one Hospital to another or from a Foreign Station to England, as in the case of invalids, and *vice versâ*.

(3.) When such report is specially required by the Director-General, or by the Principal Medical Officer of the Station.

(4). When necessary to illustrate a morbid preparation.

(5). When, from the peculiarity and rare occurrence of the case, such report may appear to the attending Medical Officer to be interesting and valuable.

XXV.—Business Returns and Correspondence.

Returns from Foreign Stations from Principal Medical Officer.

1. The undermentioned Returns are to be rendered by the Principal Medical Officer on each Foreign Station as soon as possible after December 31 in each year, viz.:—

(1). An annual general abstract of the extra expense for medicines incurred for Regimental and Detachment Hospitals on the Station.

(2). An annual list of the private practitioners employed during the period, and the rate of pay allowed to each.

(3). A monthly Staff return (pages 195–8), showing also the names and duties of the Regimental Medical Officers in the command.

(4). An annual return of the receipt and appropriation of stationery received from the Purveyor.

General and Regimental Hospitals.

2. The following returns are to be sent from each General and Regimental Hospital:—

Half-yearly return of Medicines.

(1). A half-yearly return of Medicines (page 173), to be transmitted to the Director-General at the same time with the requisitions for medicines, &c., the latter to be in duplicate. *See* pages 178 and 180.

Annual Report on Medicines, &c.

(2). An Annual Report on the qualities of the medicines and surgical stores. *See* page 88, Article 8.

Guard Book.

(3). A Guard Book for keeping together, in a regular series, duplicate accounts and returns, and other documents, will be provided by the Purveyor.

Diet Rolls.

(4). Forms of Diet Rolls and Abstracts will be furnished periodically.

But all the before-mentioned returns, forms, and books will be supplied when required, upon requisitions to the War Office.

Quarterly Returns of Seamen and Marines.

3. The Purveyor at each station will transmit to the War Office a Quarterly Return of seamen and marines who have been or are under treatment in the Military Hospitals, in the W.O. Form, a duplicate of which is to be forwarded to the Admiralty.

4. Monthly stoppage returns of men in the Hospital of another Regiment are to be rendered by the Purveyor, in the manner pointed out by Article 323 of the Explanatory Directions to Paymasters and others. MONTHLY RETURN OF MEN.

5. In General and Regimental Hospitals the actual expense of postage on the public service may be charged, and stationery will be provided, on requisition, by the Purveyor. POSTAGE AND STATIONERY.

6. Copies of all reports on medical subjects, made by Medical Officers to the Horse Guards or War Office, will be sent to the Director-General. Copies of Reports on Medical Subjects to be sent to Army Medical Department.

7. Medical Officers should correspond direct on all professional points with the Director-General in London, or the Inspector-General in Dublin, and with the Principal Medical Officers of the commands abroad, as the case may be. Correspondence.

8. The following rules are to be observed in corresponding with the Army Medical Department:— MODE OF CORRESPONDING WITH THE ARMY MEDICAL DEPARTMENT.

(1). The *Number under the date* on each letter from the Director-General is to be quoted in the reply as well as on all subsequent letters upon the same subject.

(2). The date of each letter is to be quoted in the reply thereto.

(3). The Christian name of the writer, his rank, if an Officer, and his address, are always to be stated in full, and legibly written.

(4). No letter is to contain more than *one* distinct subject.

(5). All letters and returns for the Director-General are to be addressed to him under cover, to the Right Honourable the Secretary of State for War, War Office, London, with the words "Medical Department" in the left-hand corner; and to be sent unsealed, unless confidential reports, in which case the word "confidential" and the writer's signature should be added to the left-hand corner.

(6). Enclosures are to be described in the margin of the letter transmitting them.

XXVI.—Abrogation of previous Regulations.

All previous Regulations, and all instructions founded upon them, embracing the duties and responsibilities hereinbefore mentioned, are hereby abrogated and declared to be of no effect.*

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* Pending the requisite alterations in the Queen's, Quartermaster-General's, Barrack, and Purveyor's Regulations, the preceding Regulations for the Army Medical Department are to be followed on all points on which there may be a discrepancy.

INSTRUCTIONS ON THE PRECEDING REGULATIONS.

I.—Instructions regarding the Surgical Inspection of Recruits.

In the selection of recruits, Medical Officers must be guided by their judgment and experience in choosing men possessed of the physical capacity requisite for the endurance of toil, hardships, and exposures, as well as of sufficient intelligence. Recruits from country districts are far preferable to those from towns.

The principal points to be attended to are as follows:—

That the recruit is sufficiently intelligent.

That his vision is good, clear, and strong.

That he has no defect of either the eye or its appendages.

That his hearing is acute and distinct.

His speech free, strong, and without impediment.

Teeth good.

Throat healthy and without marks of disease.

Chest capacious and well formed, with the power of fully expanding the same. Indications from spirometer.

Belly lank and compressed.

Spermatic chords and testes free from disease.

No rupture or tendency to the same.

Limbs well formed and fully developed, with their natural and full power.

Free and perfect motion of all his joints, without any weakness from sprains of the knee or ankle-joints.

That there are no impediments to free action from wounds, fractures of the bones, or other causes.

That the feet and toes are well formed, the former arched (not flat), and that the latter do not crowd upon each other, do not overlap, are not superabundant, and are without bunions or ganglions.

That there is full power, with free and perfect motion, of the shoulder, elbow, and wrist-joints, also of the hands and fingers.

Any appearance of disposition to scrofula or phthisis, catarrhs, or impeded respiration under exertion, weak or impaired constitution, deficient intelligence; any defects in vision, voice, or hearing, with marks of disease in these or-

gans; hernia, or weakness of the rings; disease of the spermatic chords or testes; hæmorrhoids; varices of the legs; nodes; cicatrices, with adhesions; flat feet; ringworm; sores, or old wounds, with depression or injury to the bones of the head, loss of many teeth, or several being in a state of decay, or loss of front teeth; cupping, medical treatment, and traces of corporal punishment, are just causes of rejection.

Upon entering the Inspection Room, the Recruit, being undressed, is to walk across it several times pretty sharply, to show whether he has the perfect use of his legs. He to hop on one leg across the room and back, then on the other leg. He is then to be halted and set up in the position of a soldier under arms, with his knees about an inch apart, and examined both in front and rear, from head to foot. Should no material defect be discovered, the Recruit is next to perform, in imitation of the Serjeant, the following evolutions:—To extend the arms at right angles with the trunk of the body, to rotate both arms, to touch the shoulders with the fingers, to place the backs of the hands together above the head—and in this position he is to cough, while the Examiner's hand is applied to the rings of the external oblique muscles. The chest, heart sounds, and pulse are to be examined. The spermatic chord and testes are to be examined, and the Medical Officer is to pass his hands over the bones of the legs. The Recruit is then to stand upon one foot, and to move the ankle-joint of each extremity alternately; and if any doubt is entertained respecting the efficiency of this joint, or any part of the leg or foot, the Recruit is to hop upon the suspected limb for a short period, and its size and aspect are to be compared with those of the corresponding joint or part of the opposite limb. He is next to kneel on one knee, and to rise, then on the other, and to rise, and subsequently on both knees; then to stoop forwards and place his hands on the ground; while he is in this position it ought to be ascertained whether he be affected with hemorrhoids.

He is then to extend his arms and hands forward for examination, and to bend and extend the elbow and wrist-joints and the fingers, and to rotate the forearm.

The head is next to be examined, including the scalp, ears, eyes, nose, mouth, the state of his teeth; the faculties of hearing and of distinct enunciation are to be ascertained. In regard to the mental faculties, the Inspecting Medical Officer should invariably ask the Recruit a few short questions, such as for what Corps he is enlisted, what occupation he has previously followed, &c., with a view to ascertain the condition of the intellect.

It is to be ascertained whether the Recruit has had smallpox or been vaccinated.

Every Recruit who has not passed through Small-pox, or the Vaccine Disease, is to be reported to the Surgeon of the Corps to which the man belongs, who will at once vaccinate him.

When a Recruit has been examined, the opinion of the Inspecting Medical Officer is to be inserted, or the attestation verified by his signature. He will note on the margin any blemishes or slight defects which he does not consider disqualifications.

Under the head "Remarks and Observations," in the Register for Recruits, all incidental facts of importance are to be recorded, including the causes for which Recruits are rejected, blemishes, peculiar marks, &c.

If the Inspecting Medical Officer detects a Recruit simulating disabilities, he is to inform the Surgeon of the corps of the fact by attaching a slip of paper to the man's attestation.

The signature of a Medical Officer to an attestation will be considered tantamount to a declaration that he had personally examined the Recruit in question according to these instructions, and that the man had no blemish except such as may be noted on the attestation.

The certificate of Surgeons or Assistant-Surgeons of Regiments when they approve of Recruits for the Corps to which they themselves belong, is considered final.

Recruits passed by a Regimental Medical Officer, or by a Medical Officer on the Staff under the rank of Surgeon, or by a private Practitioner, are to be re-examined by a District Staff-Surgeon or Surgeon-Major, or by the Medical Officer in charge of the Regiment to which the recruits belong. Should a District Surgeon on intermediately examining a Recruit consider him ineligible for the Service, the man in question is to be reported to the Inspecting Field Officer, for the purpose of being brought before a board of Medical Officers, whose decision in regard to his eligibility or ineligibility shall be final. Whenever a Medical Board cannot be assembled, a reference shall be made to the Director-General, who will be furnished with the form prescribed in duplicate, and who will, on the Reports received, decide upon the case himself.

A similar course will be adopted with respect to intermediately approved Recruits who may be deemed ineligible by a Regimental Medical Officer of the Corps to which the Recruits belong. The application for the Medical Board being made in this instance by the Commanding Officer to the General commanding the district. *Vide* Forms of Returns, Nos. 1 and 2, pages 102 and 103.

The Books required to be kept in regard to this branch of the duty of a Medical Officer, are,—

1. A Register of Recruits. Form A., page 136.
2. A Letter Book.
3. A Vaccination Register.

Medical Officers attached to Recruiting Districts are to forward to the Director-General a numerical Return, dated on the 1st of each month, of the Recruits examined, with the numbers rejected and approved during the preceding month; and also, the Annual Returns filled up in Forms A. and C., pages 136 and 140.

Regimental Medical Officers are to transmit to the Director-General an Annual Return of the Recruits they examine, (*vide* Form of Return, No. 3, page 103), also Forms A. and C., pages 136 and 140.

District Surgeons, when in charge of Sick, are to obey the Regulations issued for the guidance of Regimental Medical Officers in the exercise of this part of their duty, and to forward similar Returns.

In the case of the apprehension of a Deserter, before the usual reward will be given, a certificate as to his medical fitness for the Service must be produced to the Magistrate who commits him. In the examination of a Deserter, it is to be borne in mind by Medical Officers that he is already in the Service, and consequently should not be pronounced unfit for military duty unless he suffers under a serious disability such as would render it necessary to discharge a Soldier from the Army.

No. 1.

(*In Triplicate*) *two for the Medical Department, and one for the Inspecting Field Officer.*

RETURN of Recruits who have joined the —— Recruiting Depôt or Regiment, and who upon examination have been considered ineligible for Her Majesty's Service.

Name.	Date of Enlistment.	Intermediately approved by	Cause of Ineligibility.

Signatures. *Surgeon.*
Commanding Officer.

No. 2.

(*In Triplicate*) *two for the Medical Department, and one for the Commanding Officer.*

Proceedings of a Board of Medical Officers, assembled by Order of for the purpose of reporting upon the state of A.B., a Recruit who was passed by , and has been considered ineligible for Service, by Surgeon , Regiment.

} Members of the Board.

The Board having carefully examined A.B., a Recruit belonging to Regiment, who was originally passed by , and has been deemed ineligible for the Service by in consequence of [*here insert the cause of the alleged disability*], and finding that he [*here describe the kind and degree of whatever disability he may labour under,*] we are of opinion that the above-named Recruit is unfit for the Service, and is not likely to be re-enlisted if discharged in consequence of

Signatures of the Members of the Board.

No. 3.

Return of Recruits inspected at the Recruiting Depôt or Regiment, from the 1st April, 185 , to the 31st March, 185 , inclusive.

Approved	
Rejected	
Total Inspected	

II.—Instructions for Medical Officers regarding the invaliding of Soldiers at Home and Abroad.

When in consequence of either temporary or permanent disability, it may be deemed desirable by competent authority to send men home for the recovery of their health, or to invalid and discharge them, they are to be sent to the Invalid Depôt, and the Medical Officer of the Regiment or Corps to which the proposed invalids belong, must prepare for transmission with each invalid a "Detailed History of the case," in duplicate, one for the Army Medical Department, and one for the Invaliding Depôt, also his Medical Histories sheet, and a "Medical Report" must be entered on the third page of each invalid's discharge document (the document so called

being the proceedings of a Regimental Board, prescribed by the Queen's Regulations and Orders for the Army respecting the Discharge of Soldiers).

Forms 1 and 2, pages 167–184, are to be filled up and transmitted according to the instructions printed on the forms.

The information required in the detailed Medical History and the Report being very essential towards securing a proper treatment and disposal of the invalid at the Invalid Depôt, as also towards the right adjustment of his claim upon the bounty of the Government, Medical Officers are required to be exceedingly careful, in the preparation of these documents, to enter all such particulars as may aid in the attainment of the ends desired.

To facilitate reference, the "Detailed Medical History" of each invalid must furnish the several points of information required, in as many paragraphs and in the order hereunder indicated.

1. Station Date
2. Regiment or Corps
3. Regimental No. Rank and Name
   Age .

4. Service.		
Places.	Periods.	
	From.	To.

5. Nature of disease or disability.

6. Its origin, date, progress, and extent; whether the same has been the result of climate and military service, or of constitutional infirmity and predisposition, or of epidemic or endemic causes, or has been excited or aggravated by intemperance or other vice, or by misconduct, or by two or more of these causes combined; if the disability be the result of accident, the circumstances under which the accident occurred, and whether on or off duty, should be stated.

7. Gunshot or other wounds or injuries which the soldier may at any time have received in action, or under circumstances contingent upon service before the enemy or otherwise, or by accident, or by his own fault, should be described, with a view to adjustment of the claim they give, and to proper arrangement of the case in the prescribed classification. If the wound or injury be of distant date, the extent of inconvenience or discomfort continuing therefrom should be stated.

8. Any physical defects and results of previous injuries and diseases, though not immediately connected with the disability for which the soldier is invalided, should be noticed, and such information given as may tend to elucidate any claim that may be founded on them.

9. Full particulars of the medical treatment of the case up to date of invaliding.

The detailed "Medical History" (Form F., page 144,) is to be handed to the Medical Officer proceeding in charge of the invalids, in order that he may be acquainted with the nature of the cases under his care, and also continue, on a space to be left for that purpose, the history of the progress and the treatment of each invalid up to the date of his arrival at the Invalid Depôt.

The Medical Report, to be entered on the third page of the discharge document of every invalid, must be a concise statement of his case, in accordance with the instructions, to be entered in the space allotted for the report, and which are as follow:—

"Medical Report.—The Medical Officers to state here the nature and origin of the disability, and whether the same has been caused by the man's military services, by climate, by constitutional infirmity or predisposition, or is the result of indulgence in the use of intoxicating liquors or other vices; if from an accident, under what circumstances the accident occurred, and whether on or off duty. In ophthalmic cases, or other disorders of the eyes, it must be stated how the disease was contracted, and whether the same was or was not prevalent at the time in the Regiment or at the Station."

The Medical Officer should also send with the man his Medical Histories sheet, taken from the Medical Histories Book.

In all statements made by a Medical Officer, in these Medical Histories and Reports, he is carefully to distinguish between testimony of the invalid, or of others, and the results of his own observations or knowledge, and by reference to authentic documents.

A soldier who, having been invalided and sent to Chatham, is returned thence to his Depôt or Regiment as fit for further service, is not to be again brought forward for invaliding until the expiration of six months from the date of rejoining his Corps.

In cases where soldiers on foreign stations are invalided as totally unfit for further service, and may be permitted to remain abroad, the prescribed documents are to be forwarded in the same manner as if those invalids were on their way home.

In cases of men invalided and sent to the Invalid Depôt, on account of mental disabilities, the Medical History should furnish the following details:—

1st. Name. Regiment. Regimental No.

2nd. Age. Length and places of service.

3rd. Place of birth. Names and residences of nearest surviving relatives.

4th. Social state, married or single.

5th. Temperament.

6th. Character, especial regard being paid as to whether temperate or otherwise.

7th. Form of mental disorder.

8th. Whether a first attack.

9th. Duration of present attack.

10th. Whether the attack was sudden or insidious? If the latter, mention any peculiarity of behaviour or change in habits which preceded it.

11th. Whether insanity was preceded or accompanied by any particular illness, as fever, rheumatism, syphilis, &c.? Whether mercury to a large extent has been used for the treatment of any one of them?

12th. What are its supposed causes (moral or physical)? Whether the patient has suffered from sun-stroke, concussion, or injury of the head?

13th. Whether any hereditary predisposition exists?

14th. What are the particular ideas or actions which have induced the belief of insanity?

15th. Whether the disease is complicated with epilepsy or paralysis, with homicidal or suicidal impulses? If suicidal tendency exists, mention the way in which self-destruction has been attempted.

16th. Whether the patient is noisy, dangerous, or mischievous, or given to steal? Whether his habits are cleanly or dirty?

17th. What treatment has been adopted since invasion of disease.

To obviate amongst Medical Officers the confusion so common in the use of terms designating the various forms of mental unsoundness, it is requested that cases may be named in accordance with the terms and definitions as follow:—

Amentia	Congenital imbecility, including the various grades of weak intellect, rendering a man incapable of fulfilling his military duties.
Mania Acuta „ Chron. „ Interm.	General insanity, characterized by incoherence and excitement of mental faculties, frequently leading to acts of violence and mischief, and attended with illusions or hallucinations of one or more of the senses.

Dementia - The more or less general impairment or obliteration of the mental faculties in a mind originally possessing average power. The more advanced stage of this form of insanity constitutes fatuity.

Monomania - Insanity on one particular point, mind otherwise healthy.

Melancholia - Morbid depression of feelings or affections, with or without real moral causes.

Mania with Epilepsy.
„ with Paralysis.
Dementia with Epilepsy.
„ with Paralysis.

III.—Instruction to Medical Officers in making up Annual Reports.

Annual Reports should give the fullest information on all subjects connected with the health of the troops, and the nature, treatment, and prevention of disease, in all Colonies and Stations, so that the Director-General may be in possession of every fact and circumstance regarding these subjects which it is necessary for him to know.

At Stations where meteorological instruments, forms, and tables are supplied for the purpose, the Medical Officer in charge will cause observations to be made, and registered with accuracy, from the day of his arrival to the day of his departure.

He will transmit to the Army Medical Department annually meteorological tables, according to the printed forms and instructions, stating his opinion as to the influence of the climate on particular constitutions and temperaments, and on the progress and termination of diseases.

At Foreign Stations he should describe, generally,—

The geological formation,

The physical geography, and medical topography of the surrounding country;

Its features, mountains, valleys, rivers, lakes, marshes, vegetation, natural history, the diseases, particularly those of the zymotic class, prevalent among its population;

Also its vegetable and animal products, their nature and amount, and their adaptation for furnishing supplies for troops; the sources, quality, and quantity of the water supply, and whether it is wholesome, and what means of purification are in use, if such be necessary.

At all stations he should describe the buildings in use for Barracks or Hospitals, guard-rooms and cells, as regards their position, exposure, elevation above the sea level, or above neighbouring low ground, or lake, or river banks; their

distance from sea, lakes, or rivers; the number of men they are capable of containing according to regulation, and the numbers in them; their structure, drainage, means and sufficiency or otherwise of means for ventilation; materials of which they are built; the number, length, breadth, and height of rooms and wards; the number and position of windows and doors; the average monthly cubic space each man has had in Barracks, guard-rooms, cells, and Hospitals; state of cleanliness within and without the buildings; and whether the walls are sufficiently limewashed;

Means of lighting and warming; nature and amount of fuel;

Baths and lavatories, their condition, and if sufficient for cleanliness for troops and sick; whether there are bathing parades, and how often a week;

Kitchen and cooking utensils for Barracks and Hospitals, whether sufficient for a variety of cooking;

The amount and sufficiency of Barrack accommodation for married soldiers and the state of their quarters; or whether married people are placed in the Barrack-rooms with the unmarried men.

The sanitary state of latrines and urinals, whether they are flushed or emptied by hand, and at what interval of time, also of water-closets, ashpits, stables, &c.;

The nature and composition of rations, whether sufficient and sufficiently varied, and what facilities are afforded by the Station for varying them; what fresh or preserved vegetables are used and their average daily amount; whether ration includes tea, coffee, or cocoa;

The nature and qualities of fruits and vegetables obtainable and in use, and their effects on health;

Whether rations and diets are properly cooked by roasting, boiling, baking, &c.;

The quality of bread or of biscuit, and the amount of either in the ration;

The spirits, beer, or other liquors used by the troops, their quality and effect on health;

Similar information as to Hospital diets, and a statement of any changes made in them on account of the character or kind of supplies available;

Whether the clothing of the troops is sufficient and adapted for the climate, and if not, to state what improvements might be made;

The nature of the bedding and whether sufficient;

The nature and amount of duty or labour performed by troops, and their influence on health; drills how often, and at what hours they take place; length of marches and at what hours;

The proportion of nights in bed to those on duty;

Gymnastics, amusements, and recreations in use, and if conducive to health;

State of canteens, size and state of ventilation of rooms, and quality of provisions and liquors sold in them; whether the canteens are under proper regulations; whether disease is traceable to articles sold in them;

Amount of intemperance and of crime and disease directly or indirectly traceable to its effects, also the means in use for repressing intemperance.

State of vaccination in the Corps, and the extent to which it is a preservative against small pox; whether re-vaccination has been carried out, and the results.

The Annual Report must contain a carefully filled-up table of diseases and mortality classified according to the Statistical nosology, page 148.

Also a general summary during the year, showing:

1. The average strength of the Regiment throughout the year, distinguishing, on foreign stations, white from black troops, and showing any change in its composition, also the stations and strength of each detachment.

2. The causes of mortality arranged under the orders of each class, and the total deaths to strength for the year calculated at the rate per 1,000 per annum.

3. The proportion which admissions and deaths from zymotic diseases have borne to the total admissions, and deaths from all causes during the year.*

4. Any specialities in the types of disease should be accurately noted.

Diseases belonging to the zymotic class, being the chief causes of loss of efficiency in armies, Medical Officers should carefully note those local or personal conditions with which these diseases may have been connected under the following heads:—

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* The following is a list of the more important mitigable or preventible diseases. They are most of them included under the generic name "zymotic," and are to be specially referred to, and their statistics carefully given:—

Fevers—Intermittent,
„ Remittent,
„ Yellow,
„ Continued,
„ Relapsing,
„ Typhoid,
„ Typhus,
„ Plague.
Influenza,
Pyæmia,
Hospital Gangrene,
Cholera,
Diarrhœa,
Dysentery, Acute,
„ Chronic,
„ Scorbutic,
Small Pox,
Varioloid,
Chicken Pox,
Miliary Fever,
Scarlatina, including Scarlet Fever,
Measles,
Diphtheria,
Erysipelas,
Erythema,
Scurvy,
Ophthalmia,
Furunculus,
Carbuncle,
Syphilis,
Gonorrhœa,
Itch,
Rheumatism,
Intemperance,
Sunstroke,
Foot Lameness.

General defects in position of station, on low ground near marshes requiring drainage.

Overcrowding in camps, barracks, huts, tents, or hospitals.

Defective drainage and ventilation in camps, barracks, huts, tents, or hospitals.

Marshes or wet ground, watercourses, or works of irrigation to windward.

River banks.

Nuisances, defective cleansing.

Want of cleanliness in barracks, huts, or hospitals, and want of limewashing.

Defective drainage of ground near barracks, hospitals, &c.

Defective sanitary condition of privies, latrines, water-closets, stables, &c.

Monotonous diet, defective diet, salt provisions.

Defective clothing.

Bad water: especially if polluted by putrescent organic matter.

Drunkenness, or use of unwholesome liquors.

Nature and description of duties.

Heavy rains, or unusual heats, calms.

Climatic peculiarities.

Prevalence of epidemics, and at what season.

The Medical Officer should endeavour to form an estimate of the relative value of each class of causes which have predisposed the troops to these diseases. He should give a minute account of them, together with a statement of what precautionary measures he recommended, either verbally or in writing, to his Commanding Officer, and the result of his recommendations.

If any zymotic diseases have become epidemic in the district, he should examine carefully into the history of the disease, and its predisposing causes, and report on these as well as the steps he recommended to protect the troops from an invasion of the disease, with the results.

He should state to what extent new arrivals at the station have suffered from zymotic disease: also the proportion of acclimatised troops who have been affected; and whether the proportion of attacks and deaths have been greater in young soldiers or in those of more mature age.

If cholera has prevailed, he should state the measures adopted by him for discovering and treating the disease in its premonitory stages, and the results.

If any zymotic disease, such as fever, erysipelas, hospital gangrene, &c., has appeared among the sick *after* they have been admitted into Hospital, he should report the history of the occurrence, its causes, the measures adopted to arrest these diseases, and the results.

If diseases not of the zymotic class have occurred among the troops to any unusual extent, the circumstances should be specially recorded, also the causes with the steps taken for their removal, and the prophylactic measures adopted.

The Medical Officer should state to what extent, and with what results, he has used mercury in the treatment of syphilis.

All important or unusual cases of disease, should be carefully reported as to their—

History,	Prognosis,
Etiology,	Treatment,
Symptoms,	Results,
Diagnosis,	Post-mortem appearances, if fatal.

Phthisis pulmonalis, and other chest affections, should be carefully investigated, their stethoscopic signs minutely noted, and their history and causes registered under the following particulars:—Constitution, predisposition, overcrowded barrack-rooms, defective ventilation, exposure, defective exercise, personal habits, or any other conditions from which the disease may appear to have arisen. Any prophylactic or sanitary precautions recommended, should be carefully reported, and their results.

Tubercular deposits, in other viscera, should be reported in a similar manner.

All defects in the hygiène, or medical care and treatment of the troops, and all sanitary defects existing at the time the report is made up, should be carefully noted, and recommendations which were made for their removal, and for the improvement of the service generally, should be appended.

Medical Officers should bestow great pains on their reports as selections from them will be made, if found of sufficient interest, and published annually with their names, for the information of the service.

IV.—Instructions regarding Returns and Accounts of Medical Comforts on board Ship.

The rule to be observed in regard to the expenditure of Medical Comforts furnished for the use of troops or invalids on board ship, and the disposal of the remainder on arrival in England, is as follows:—

All supplies furnished by the Admiralty are to be placed in the sole custody of the master of the ship, and to be issued by him from time to time during the voyage, on the requisition of the Medical Officer in charge.

All further supplies or equipments for the sick will be supplied by the Purveyor on the Station from which the ship is to sail, but should there be no Purveyor at the Station, the Principal Medical Officer will cause the requisite supplies

to be furnished and put on board, in charge of the master of the ship.

The principal Medical Officer will then certify the list (No. 1, page 113) of Medical Stores and Comforts on board, and forward a copy of the same to the Director-General.

All such supplies shall be placed in charge of the master of the ship, and shall be issued by him on requisition of the Medical Officer, who must enter daily in his journal such Medical Comforts as he may judge it necessary to administer. (This journal, an abstract of which he will also fill up in form No. 2, page 113), will be considered as his voucher for the expenditure, and will be examined by the Principal Medical Officer at the Port of disembarkation or at the Invalid Depôt at home, or by the Principal Medical Officer of the Station abroad, to which the Troops or invalids are proceeding, and if found by him to be correct, he will certify the list No. 2, and forward it to the Director-General. On the termination of the voyage the Medical Officer in charge shall sign a receipt to the master of the ship for everything he has drawn.

Lime-juice and sugar will be issued with the daily ration, in the proportion of 1 oz. of each per man after troops have been ten days at sea, or when the Medical Officer deems it necessary for men in health, as a means of averting Scurvy; and such issue is to be recorded in a note at the end of the Journal and Return, stating the quantity of each per man, for what length of time used, and the total of each issued during the voyage; in such cases a detail of names is not required.

Principal Medical Officers will be careful to see that the Medical Officer is duly provided on each voyage, both with the means of keeping his Medical Journal, and with a proper supply of Blank Forms for the Returns of Medical Comforts, for which forms the necessary requisitions must be made by them.

Lists of Medical Comforts, lime-juice and sugar, in proportion to the duration of voyages, will be prepared and issued from time to time by the Director-General, for the information of Medical Officers in charge of troops and sick. Medical Comforts are to be calculated for 10 per cent. sick for healthy troops embarked, and for invalids according to the number embarked, the nature of the cases, and the length of the voyage.

No. 1.—List of Medical Comforts shipped on Board the under-mentioned Transport, for the use of embarked for day of 18 .

Name of Transport.	Bottles Port Wine.	Bottles White Wine.	Brandy. galls	Preserved Meat. lbs.	Corned Beef. lbs.	Prepared Soup.	Preserved Meat Juice.	Gravy Soup. quarts.	Preserved Mixed Vegetables.	Preserved Potatoes.	Limejuice.	Sugar. lbs.	Tea. lbs.	Coffee. lbs.	Salt. lbs.	Pepper.	Mustard.	Sago. lbs.	Arrowroot. lbs.	Vinegar.	Soap. lbs.	Rice. lbs.	Barley. lbs.	Chloride of Lime.	Chloride of Zinc.	Materials for Fumigation.

N.B. Where the Weight (Avoirdupois) or Measure (Imperial) is not expressed in the Heading, it is to be inserted by the Receiving or Issuing Officer. It is particularly requested that the Date of the Heading may be filled up, and the Name given of the Medical Officer in charge.

No. 2.—List of Medical Comforts shipped on Board the undermentioned Transport, for the use of embarked for day of 18 .

Name of Transport.	Bottles Port Wine.	Bottles White Wine.	Brandy. galls.	Preserved Meat. lbs.	Corned Beef. lbs.	Prepared Soup.	Preserved Meat Juice.	Gravy Soup. quarts.	Preserved Mixed Vegetables.	Preserved Potatoes.	Limejuice.	Sugar. lbs.	Tea. lbs.	Coffee. lbs.	Salt. lbs.	Pepper.	Mustard.	Sago. lbs.	Arrowroot. lbs.	Vinegar.	Soap. lbs.	Rice. lbs.	Barley. lbs.	Chloride of Lime.	Chloride of Zinc.	Materials for Fumigation.
Received on board this day of																										
Quantities expended during the Voyage																										
Quantities remaining on Disembarkation this day of																										
How disposed of and when.																										

H

Signature of Medical Officer.

I certify that on due Examination of the Returns kept by the Medical Officer in Charge, the Consumption of the above quantities of Medical Comforts appears to have been necessary and duly accounted for, and I further certify as to the correct disposal of the quantities remaining as above stated.

Principal Medical Officer, day of

V.—Instructions regarding the care and treatment of Officers and Men suffering from Mental Diseases.

Especial attention should be given to all indications of insanity arising among soldiers, the earliest symptoms of mental disorder should be accurately observed, and suitable means of alleviation should be promptly adopted and carefully carried out.

Any obvious or marked change in temper, disposition, habits, or conduct, or any peculiar expression of countenance, state of sleeplessness, excitement, or depression which cannot be traced to an assignable or special cause, should be noticed and duly watched, with a view of ascertaining whether such states are or are not the first manifestations of mental aberration, and should this prove to be the case, some precautionary steps or means of alleviation should be at once taken.

Whenever the incipient symptoms of the disorder have become more fully developed, the patient should be placed under judicious care, in cheerful airy apartments, well warmed, lighted, and ventilated, and supplied with all articles needful for comfort, and also for the proper treatment of the case.

The Medical Officers being left unfettered as to the precise mode of treatment to be pursued in each individual case, it appears only necessary to urge on them the importance of generally adopting a liberal and soothing system, including good diet, warm clothing and bedding, free exercise, kind and cheerful demeanour of attendants, and all the various medical and moral influences found so beneficial in the treatment of insanity.

If a propensity to suicide be manifested by the patient, all means of effecting this object should be removed; he should be carefully watched, and during the night time an attendant should be placed to sleep in the same room with him.

In every case of insanity it is essential to bear in mind, that the patient is not accountable for his actions, and, consequently, that a more than ordinary degree of responsibility attaches to the Medical Officer and others entrusted with his care and treatment.

The symptoms, progress, and the remedies employed should be carefully recorded; and in the event of a transfer to another establishment, a full statement of the past history, and of the existing condition, mental and bodily, of the patient, should be drawn out and sent with him. In order to preserve a full record of all cases of insanity occurring in the Army, the particulars in regard to such cases required by the instructions for invaliding (*see* page 106) must be carefully recorded.

The previous diseases to which the patient has been sub-

jected for at least the two preceding years (if the man has been with his regiment for that period), must also be noted.

In the event of a fatal termination of the case, a careful record should be made of the morbidappearances of the brain, spinal marrow, thoracic and abdominal viscera.

VI.—Instructions to Medical Officers for filling up the Statistical Returns.

Section I.—Recruiting.

Form A.

Register of Recruits.

This Form is to be used by all Medical Officers engaged on the recruiting service, and is intended to contain an account of every man who offers himself for enlistment. It is to be filled up as follows:—

When a recruit is brought before any Surgeon appointed for the primary examination of recruits, he is to examine the recruit carefully, in conformity with the Instructions, page 99, entering the results of his inspection with the greatest care in the several columns of the Register, Form A.

As the medical history of a recruit will be, to some extent, modified by his previous trade or occupation, and as it is very desirable to employ a common nomenclature of occupations, Form B. is to be followed as far as practicable.

If, on this primary inspection, the recruit is found fit for service, the word "fit" must be written in the proper column, under the head of Primary Inspection. If the recruit be unfit, the fact must be stated in the proper column, and the causes of rejection must be noted in the column set apart for the purpose.

As it is desirable to have the causes of rejection entered in an uniform manner, the Medical Officer must use the nomenclature given in the Statistical Nosology, Form H., to find a designation for the disease on account of which the recruit is rejected. Surgical or other diseases not in the nosological table may be entered with the usual scientific nomenclature.

A copy of Form A., filled up with the particulars, is to be sent by the Regimental or Military Surgeon who makes the primary inspection to the Director-General at the end of each year.

Table A. is also to be used by Staff-Surgeons for their primary and secondary inspections.

The same method of filling up is to be used in this case also, except that the fitness or the unfitness of the recruit

must be entered in the column of primary inspections, if the primary inspection has been made by the Staff-Surgeon, and in every other case in the column of secondary inspections.

In the case of every man who has been sent to the Staff-Surgeon as fit for service on primary examination, the fact should be entered by the Staff-Surgeon in the column of primary inspection.

Form C.

This Form is intended for containing an abstract of the diseases of accepted recruits as well as of the causes of rejection in Form A. It is to be filled up by the Staff-Surgeon of the recruiting district.

A copy of the form, duly filled up, must be sent by the Staff-Surgeon once a year to the Director-General.

Section II.—Discharging and Invaliding.

Form D.

Is to be filled up according to the classification of diseases, wounds, and infirmities of invalids at each quinquennial period of life. It is to be made up by the Regimental Surgeon or the Medical Officer in charge, and is to be sent, annually, to the Director-General.

Form E.

Is to be kept by the Principal Medical Officer at the Invalid Depôt. An Abstract of this Register on Form D. is to be made by the Principal Medical Officer, and sent, at the end of each year, to the Director-General.

Section III.—Regimental Records of Health and Sickness.

Form F.

Medical Histories Book.

This book will remain with the Regiment. It will therefore be a convenient repository for its brief *Medical Annals.*

Under each year, A.D., will be recorded in a few words the following particulars:—

(1.) The names of the Commanding Officers and the dates of their appointments.

(2.) The names of the Surgeons and Assistant-Surgeons; the dates of their appointments.

(3.) The Station of the Regiment (of head-quarters and detachments), distinguishing dates of arrival and departure, the Barracks and Hospitals occupied.

(4.) The mean strength of non-commissioned Officers and privates during the year; the number of recruits; the number of discharges on various grounds; the number of deaths; the number of attacks of sickness; the average number constantly sick; the transfers to and from the Regiment will also be noticed.

(5.) Brief notices, expressed in few words, and referring to the Annual Reports, of any epidemics, or of any unusual exemption from sickness.

(6.) Records of any new facts; or of any discoveries which the experience of the Regiment might suggest to the Surgeons.

(7.) Dates of any important event connected with the Medical History of the Regiment.

This Book is intended to contain the continuous Medical History of each man in the Regiment.

Every entry in the sheet is to refer exclusively to the man whose name is written at the top of it.

The particulars in the first part of the description must be obtained from the Adjutant. The height may be obtained either by direct measurement or from the Regimental Records. The circumference of the chest by a common tape measure. In using the spirometer, if the Regiment be provided with one, the man must be directed to fill the lungs as much as possible, and then to blow gently into the instrument through the tube, to empty the lungs of air as far as he can do so. The number of cubic inches indicated by the spirometer must then be recorded. The amount or capacity so obtained affords a valuable means of comparison in the event of the man afterwards suffering from phthisis or other pulmonary disease.

The dynamometer is of use, not only in ascertaining the muscular force of the man at the time of enlistment, but also to show its increase or diminution at subsequent periods. It is of great importance to fill up the whole of the particulars at this part of the history with care and accuracy. It should be done as soon as the man joins his Regiment. The sheet is henceforward to be devoted exclusively to the man's medical history, which begins from the first day of his admission into Hospital, and is to be carefully filled up with the particulars of every attack of illness till the man is dead or discharged the service.

If a man is invalided, or is transferred to another Regiment, his Medical Histories Sheet is to go with him, and, in the latter case, is to be inserted forthwith in the Medical Histories Book of the Regiment he has joined, by the Medical Officer of the Regiment.

When any man dies, or is discharged, his Medical Histories Sheet is to be transmitted by the Regimental Surgeon, through the Principal Medical Officer, to the Director-

General. When any man is sent to the Invalid Depôt, his Medical Histories Sheet, which had been sent with him, is to be transmitted to the Director-General by the Medical Officer of the Invalid Depôt whenever the man is discharged.

By these means the Director-General will become possessed of a vast amount of important information respecting the health of the Army, derived from papers which have ceased to be of use to the Regiment.

Form G.

Regimental Hospital Admission and Discharge Book (for Non-commissioned Officers and Men.)

This book is intended to last only a year, and is to contain—

1. The total Admissions into Hospital from January 1 to December 31 inclusive, of the year.

The cases are to be numbered in column 1 continuously from January 1 onwards.

The first case entered in each year must be put down as No. 1.

The 2nd column is to contain the *regimental number* of the patient.

The 3rd column for the *rank and name* of the patient is to be filled up according to the Instruction.

Care must be exercised in filling up columns 4 and 5, so that the completed years of *age and service* are accurately given.

The four columns for the *dates* must show as accurately as possible the precise time when the disease began, as well as the date of admission into and discharge from Hospital and of recovery or death.

The death of every man borne on the strength of the Regiment must be recorded in this book, although the man may not have been admitted into Hospital.

Particulars of cases of drowning, suicide, &c., must be entered as in ordinary cases.

The date of death should be accompanied by a statement as to whether the man died in the Regimental Hospital, on sick furlough, in a General or Depôt Hospital, or elsewhere.

The Surgeon should take means of ascertaining the date of death of men on sick furlough, and should fill up the date as soon as he obtains it.

Certificates of deaths, recoveries, and discharges (*see* Medical Certificate Book) among men sent from the Regiment to any General Hospital, or left in charge of any other Medical Officer or Civil Practitioner, will be sent to the Regimental Surgeon by the Registrar of the Hospital, or by the Medical Officer or Civil Practitioner in whose charge the man has been left, as soon as the death, recovery, or discharge

has occurred, and immediately on the receipt of the information, the facts and the dates must be entered in the Admission and Discharge Book.

The column for diseases should contain both the disease for which the man was admitted into Hospital, and also the connected secondary diseases with which the patient may have been attacked while in Hospital.

Operations must also be entered, with any subsequent disease from which the patient may have suffered.

If a patient admitted for one disease, such as ulcer, is attacked by another disease, such as erysipelas, unconnected with the former, the man must not be discharged, the new disease must simply be entered as another admission, and the date of the recovery for the first disease (ulcer) must not be filled up until the ulcer is healed. At the same time as the entry of the new disease (erysipelas) is made, a note must be written in the discharge column of the admission for ulcer, simply referring to the new number under which the case is entered thus (*see* No.). The date of recovery from the second disease, erysipelas, must be entered in the column opposite that disease, where the date of the man's discharge will also appear.

The *duration of the case* should be given in days: but if less than a day, the duration should be expressed in hours as fractions of a day — $\frac{2}{24}$, $\frac{3}{24}$, &c.

The *state of health of the patient when discharged from Hospital*, and his fitness, or otherwise, for duty, should be noted, and also his destination, whether on sick furlough, invalided, discharged the service, left in Depôt Hospital, or transferred to General Hospital.

The column for observations should contain tersely any information that can be given as to the cause of the disease, whether from defects in diet, clothing, or shelter, from exposure, local sanitary defects, marsh miasm, bad water, fatigue, &c.

The post-mortem appearances should also be very shortly stated, as these will have to be entered in detail in the Medical Case Book.

All cases recorded in the Case Book must be referred to by a number in the column, thus: *see* Case Book No. .

As a certain number of cases will necessarily be left in Hospital on December 31 of each year, it will be impossible to enter the *results* in the Admission and Discharge Book at that date.

For the purpose of including the results of the cases so left, the Surgeon may retain the Admission and Discharge Book in his possession for two months, to February 28, on which date, or as soon after as possible, it is to be transmitted to the Director-General through the Principal Medical Officer of the Station, with the results of the cases entered up to the date of transmission.

He will then transcribe all the cases remaining incomplete at that date in the Medical Certificate Book, to be filled up as the cases terminate, and to be transmitted, when the results are known, to the Director-General.

Care must be taken that none of the cases left in Hospital on December 31 are re-entered in the Admission and Discharge Book of the following year.

Each yearly Admission and Discharge Book is to contain the admissions within the year only, and the results of the cases admitted.

Each book is, in fact, to be complete in itself.

The Surgeon will be supplied by the Principal Medical Officer of his Station with a new Admission and Discharge Book in sufficient time before the end of the year.

When a Regiment proceeds on Foreign Service, the Regimental Admission and Discharge Book is to be left in charge of the Depôt, and the Surgeon of the Depôt will enter in each Admission and Discharge Book so left with him, the results of all cases of sickness left behind by the Regiment, and also all new cases arising at the Depôt, each case being entered with the results in the Admission and Discharge Book of each Regiment.

The Depôt Battalion Admission and Discharge Book is to be kept precisely in the same way as the Regimental Book, and is to be sent to the Director-General by the Medical Officer in charge of the Depôt Battalion on or before February 28, of the ensuing year, with the results of the previous year's admissions filled up.

Every Regiment going on Foreign Service will be supplied with a new Admission and Discharge Book, in which the cases are to be entered from the day of embarkation, and the book will continue to be used until December 31st, when a new book will be commenced. The book which has been used for the part of the year will be kept open if needful till February 28th of the year following, and it will then be dealt with as an ordinary Admission and Discharge Book.

Whenever a Regiment takes with it abroad a few slight cases of sickness, previously entered in the Admission and Discharge Book left behind at the Depôt, the Medical Officer of the Regiment must forward to the Depôt Surgeon the results of the cases as soon as possible, in order that entries of the cases may be completed in the book left behind.

The Instructions as to the dates of removal of the Regiment must be strictly complied with.

Form H.

Is a *Statistical Nosology*, which is to be used in the Medical and Statistical Forms and Reports.

Form I.

Medical Certificate Book,

Is intended to facilitate the registration of cases by supplying the results of those cases left behind by a Regiment leaving any Barrack or Station, and is to be filled up in conformity with the memorandum printed on the back.

Form K.

General Hospital Admission and Discharge Book.

This Form is to be filled up precisely in the same manner as Form G., except that the Regiment or Corps from which the man has been received must be stated in the second column; and that in the fourth column, in addition to the rank and name, the station from which the man came is to be entered.

Form L.

Medical Case Book.

The Medical Case Book is intended to contain the details of every acute or important case received into any Regimental, General, or Depôt Hospital.

The Medical Officer should study to make his report of every such case clear and graphic, and to express it in as few words as possible.

He should record the etiology of the case, the symptons on admission, the daily changes in the symptoms, the diagnosis, the prognosis, the diet, regimen, medical or surgical treatment, operation, remedial agents applied, with their daily effect.

He should note carefully the pathological changes, the development, crisis, decline, and terminations of the disease; and he should, moreover, carefully record the morbid changes discovered after death in all fatal cases, accompanying his description of the morbid anatomy with an account of the microscopic and chemical analysis of morbid products, so far as he may have an opportunity of doing so.

The Medical Case Book will be called for by the Director-General, from time to time, in order that any remarkable cases or experience which it may contain may be abstracted and published for the benefit of the service; and the best recorded cases will be selected and published, with the authors' names.

Section IV.—Statistical Forms required for the Army Medical Department.

Form M.

Weekly Classified Return of Diseases and Deaths.

The form is intended to receive the medical statistics of the Regiment for one week. The week ends with Friday night, 12 P.M.

Section V.—Statistics of an Army in the Field.

Form N.

In addition to the usual Weekly Regimental States for diseases, it is necessary to classify and register wounds and injuries received in action, according to the regions of the body injured, and the nature of the weapon or projectile. For this purpose the particulars in Form N. must be carefully filled up and transmitted to the Principal Medical Officer of the Army at such time as he may appoint.

Form O.

is intended to contain a classified return of wounds and injuries of every kind received in action and admitted into Hospital with their results. It is to be filled up and transmitted to the Principal Medical Officer of the Army at such time as he may appoint.

Form P.

This Form is for classifying operations with results, and should be made up at such times as the Director-General may direct, and sent to the Director-General through the Principal Medical Officer.

Section VI.—Registration of Soldiers' Deaths.

Form Q.

Is the Quarterly Register of Deaths, and is to be filled up at the Army Medical Department, signed by the Director-General, and forwarded on the last day of the quarter by the Director-General to the Registrar-General.

VII.—Regulations for Nurses.

Duties of Superintendent General.

To appoint Superintendents of Nurses; one to each Hospital.

1. The Superintendent-General of Nurses shall, on requisition of the Director-General, select and appoint all Superintendents of Nurses and Nurses for General Hospitals. She shall place one Superintendent over each Hospital where there are nurses.

Power of transferring Superintendents and Nurses.

2. She shall have the power of transferring Superintendents and Nurses from one Hospital to another, whether at home or abroad, in peace or in war.

Duties of Superintendent-General during War.

3. When General Hospitals are formed during war, the Superintendent-General, or some person specially appointed by her for the purpose, shall, when required by the Secretary of State for War, proceed to the spot, and in communication with the Governor and Principal Medical Officer, shall undertake the superintendence of all Superintendents and Nurses, and shall exercise all the powers vested in the Superintendent-General by the regulations.

To visit and place Nurses in New Hospitals.

4. When a Superintendent and Nurses are to be provided for any General Hospital, the Superintendent-General, or some person appointed by her specially for the duty, shall visit the same, make herself acquainted with the arrangement of the Wards and Nurses' Quarters, and shall place the staff of Nurses, together with the Superintendent of Nurses, to the satisfaction of the Principal Medical Officer, and explain to them the nature of their duties, and any special points requiring to be attended to in the Hospital arrangements. She shall be entitled to quarters and rations or mess money in whatever Hospital she may be for the time.

She may suspend or dismiss Superintendents.

5. The Superintendent-General may suspend or dismiss any Superintendent for breach of discipline or misconduct, subject to power of appeal on the part of the Superintendent to the Secretary of State for War.

She may give directions to Superintendents.

6. She may give any directions or instructions for the guidance of Superintendents of Nurses in the discharge of their duties, provided such directions or instructions are not inconsistent with these regulations.

To decide on appeals from Nurses.

7. She shall receive and decide on all appeals made to her by Nurses against the decision of the Superintendent.

To make up annual estimates.

8. She shall make up annual estimates of the cost of the Nursing Establishment in every Hospital, and transmit the same to the Secretary of State for War.

To pay salaries and wages.

9. All salaries, wages, and mess money of Superintendents of Nurses, and Nurses shall be paid on her order from the Hospital Chest, to the Superintendent of Nurses, who shall pay the wages and other expenses of the Nurses, and account for all monies received by her on such orders. All outfits, and travelling expenses in cases of transfer of Superintendents and Nurses from one Hospital to another, shall be provided on the order of the Superintendent-General.

To keep books and accounts.

10. She shall keep the books and accounts connected with the whole Nursing Staff of General Hospitals.

To make up abstracts of rations.

11. She shall make up periodically an abstract of the monthly abstracts of rations, received by her from the Superintendents of Nurses of all the Hospitals, and transmit the same periodically to the Secretary of State for War.

To make visits of inspection.

12. She shall make visits of inspection at such times as she may consider requisite to ensure that all the nursing establishments are in an efficient state, and at the time of such inspections she may appoint a substitute to undertake her duties during her absence, subject to the approval of the Secretary of State for War.

To report to Secretary of State for War.

13. She shall report on the state of efficiency of the Nursing in all Hospitals under her charge to the Secretary of State for War, once a year; and in order to enable her to do this, copies of all reports, confidential or otherwise, which have been made to the Secretary of State or to the Army Medical Department regarding the Nursing establishment, will be transmitted to her.

DUTIES OF SUPERINTENDENT OF NURSES.

14. The Superintendent of Nurses is responsible to the Superintendent-General for the efficiency of the Nursing in the Hospital where she is placed.

Responsible for nursing.

To allot duties and watch over Nurses.

15. She shall allot the current duties of her Nurses. She shall keep a constant watch over their moral conduct. She shall see that their dress, cleanliness, and personal habits are properly attended to, and that they are on duty at the prescribed hours.

To see duties properly performed.

16. She shall satisfy herself that all nursing duties are discharged with faithfulness, consideration, and kindness; and for this purpose she shall visit the wards frequently, and note any negligence or incapacity; and in such case, or when

she is informed, by the Medical Officer of the Ward, of any neglect of duty or impropriety of conduct on the part of a Nurse, she shall privately reprimand the Nurse for the same, and issue her directions for preventing similar defects in future.

17. She may suspend any Nurse for neglect of duty or misconduct, and provide temporary assistance; but in every such case she must notify the fact forthwith to the Governor, and to the Superintendent-General, stating distinctly the reasons of the suspension, and the qualifications of the assistant. May suspend Nurses.

18. The Superintendent in any Hospital, out of Great Britain and Ireland, with the concurrence of the Governor, may dismiss and send home any Nurse, or the Governor himself, on his own responsibility, may direct the Superintendent to do so, under appeal, however, in either case to the Superintendent-General, who shall decide, after the arrival of the Nurse, whether she is to be dismissed, or whether she may be placed in another Hospital. May dismiss Nurses under appeal.

19. No Superintendent in any Hospital in Great Britain or Ireland, shall dismiss or send away a Nurse unless the sanction of the Superintendent-General be previously obtained. Dismissal to be under sanction of Superintendent-General.

20. All wages, mess money, or other expenses of the Nurses shall be disbursed through the Superintendent, on the order of the Superintendent-General. The Superintendent shall receive the necessary sums from the Paymaster, shall pay the wages, mess accounts, and expenses, and account for the same to the Paymaster, and shall transmit the accounts of such payments, with a duplicate of the requisite vouchers, to the Superintendent-General. Superintendent to pay Nurses.

21. She shall be responsible for the storing, mending, and distribution of the linen, for which purpose sufficient assistance will be provided by the Governor. She should return to the laundry any linen not properly washed or dried, and report the circumstance to the Captain of Orderlies. She shall have an Assistant, ranking and paid as a Nurse, to be called linen Nurse, to take charge, under her, of the linen—the assistant to have nothing to do in the Wards. Superintendent responsible for Linen.

22. The Superintendent shall keep all books, records, and accounts of the Nursing Establishment of the Hospital, and transmit her accounts to the Superintendent-General once a quarter, or oftener if required to do so. Superintendent to keep books and accounts.

Superintendent to draw rations.

23. The Superintendent of Nurses in any General Hospital connected with an army in the field, or on any foreign station, where it may appear to the Superintendent-General to be necessary, is empowered to draw from the Purveyor on her own indent, with the sanction of the Governor of the Hospital, such rations and extras as she may consider necessary for herself and for the nursing establishment, and shall make arrangements for cooking and for the hours of meals. But in the United Kingdom, and on such foreign stations as the Superintendent-General may decide, mess money in lieu of rations will be allowed for the Superintendent and Nursing Establishment, on representation to that effect being made by the Superintendent-General. The mess money will in such cases be paid to the Superintendent of Nurses of the Hospital, and disbursed and accounted for by her to the Superintendent-General.

To make up monthly abstracts of rations.

24. The Superintendent shall make up monthly abstracts of rations received for the Nursing Establishment of the Hospital where she is in charge (if rations have been provided), and shall transmit the same to the Superintendent-General of Nurses once a month, or as often as she may be required by the Superintendent-General to do so, and the Superintendent-General, after having satisfied herself regarding the correctness of such abstracts, shall certify and transmit the same to the Secretary of State for War.

To report on the efficiency of Nurses.

25. The Superintendent shall report on the efficiency or otherwise of her Nurses to the Superintendent-General at such times and in such manner as the latter may appoint. And she shall, moreover, report on every complaint made by a Medical Officer against a Nurse in her next report.

Age, service, and retirement of Superintendent.

26. The Superintendent shall be, on appointment, not under thirty, nor over forty years of age, and she shall not continue in the service after she has attained the age of sixty years, at which age she shall retire with a pension equal to 50 per cent. of her salary at the time of her retirement.

Should the Superintendent be obliged to leave the service on account of disability, certified by two Medical Officers, she shall (provided she has served twelve full years) be entitled to a pension equal to 20 per cent. of her salary at the end of the twelfth year. If she retires from disability at any period after twelve years, and before she arrives at the age of sixty years, her pension shall be 20 per cent. of her salary with the addition of two per cent. of her salary for every full year above twelve years she has served. But in any case she may be called on for service in the event of

her disability ceasing, when her pension will be discontinued, and her salary paid as before. Any Superintendent who may be obliged to leave the service from disability, certified by two Medical Officers, provided she retire before the completion of twelve full years of service, will receive a gratuity, the amount of which will be recommended by the Superintendent-General.

Age of Nurses.

27. Except in cases of emergency, no Nurse shall be appointed to any Military General Hospital under thirty or above forty years of age, and no Nurse shall continue in the service after she is sixty years of age.

Requirements for appointment.

28. Every Nurse must be able to write, and must produce satisfactory certificates of former good conduct before she is appointed to any Military Hospital.

Wages and pension.

29. Nurses on entering the service will be allowed wages, with a small annual increase, and on leaving the service a pension, as follows:—At whatever age a Nurse enters the service, the amount of wages paid to her during her first year of service will be 20*l.*—2. There will be an annual increase of wages, at the rate of 2*l.* additional every year, until the yearly wages amount to 50*l.*, beyond which there will be no further increase.—3. Every nurse who has completed her sixtieth year must retire from the service on her rate of pension.—4. A pension will be awarded to any Nurse who is declared on the report of two Medical Officers specially appointed for the purpose, and on the report of the Superintendent-General, absolutely unfit for Hospital duty, through disease or injury; provided that she has been ten complete years in the service.—5. A Nurse's pension will be on a scale graduated on the wages. It will be 30 per cent. of the wages received by the Nurse in her tenth year of service. And the pension granted to Nurses who have served more than ten years will rise at the rate of two per cent. of the wages for every additional year of service, until the pension amounts to 70 per cent. of the wages received during the year preceding its grant, beyond which there will be no rise.—6. Any Nurse, temporarily or permanently disabled in the service, who has served more than five and under ten years, will be entitled to a lower rate of pension, according to the circumstances of each case; but if she has served less than five years she shall receive a gratuity according to the circumstances, as reported by the Superintendent-General.—7. Any Nurse pensioned for disability must present to the Superintendent-General an annual Medical Certificate of the state of her health before she receives her pension, and if called on for service in the event of such disability ceasing, her wages will be the same

as they would have been had she not been disabled, or should she decline re-entering the service, her pension will cease.—8. In any case of special devotion to the public service, the Superintendent-General may represent the circumstances to the Secretary of State for War, who may recommend that a higher rate of pension than that fixed by regulation may be granted, provided that no such pension shall exceed the annual amount of 50*l*.—9. Any Nurse who has received a gratuity for disability incurred under five years of service, may be re-engaged in the public service should she apply for re-engagement, and be found fit, and her rate of wages shall count from the rate she received at the period of her retirement.—10. Any Nurse serving in a General Hospital in tropical climates will be entitled to count one year as equal to two years of service, for pension, in case of disability.

Rations.

30. Nurses shall be allowed rations and extras, to be drawn by the Superintendent.

Porter, &c.

31. Each Nurse will be allowed one pint of porter or ale, and half a pint of porter or a wine-glass of wine, or one ounce of brandy, as she likes best, per diem. In case of constant attendance on cholera, or fever patients, the Superintendent may allow an extra quantity, at her discretion.

Dress.

32. Nurses will be allowed at the public expense, a badge, and a regulation dress, as follows, which is to be varied according to climate, as the Superintendent-General may decide, and in which they are always to appear, except on holidays:—Three good dark gowns, six aprons, six caps, six collars, one bonnet, annually; one summer and one winter cloak triennially. They will be allowed clothing for outfit in the event of their going on service out of the country. The amount of such clothing will be determined by the Superintendent-General of Nurses. They will also be allowed necessary travelling expenses, with board, and a fixed amount of transport for baggage, in going abroad, in returning home, and in changing from one Hospital to another.

To be given up on dismissal.

33. Nurses dismissed for misconduct will forfeit the whole of their regulation clothing, which shall be returned to the Superintendent.

No Nurse to receive a present.

34. Any Nurse asking or accepting a present, whether in money or in kind, from any patient or friend of any patient, whether during his illness or after his death, recovery, or departure, shall be at once suspended from duty, and her pay will immediately cease, and she will be reported to the Superintendent-General of Nurses, who, if satisfied of the truth of the charge, will immediately dismiss her.

35. If any Nurse be found intoxicated, she will be at once suspended from duty, and her pay will immediately cease, and she will be reported to the Superintendent-General of Nurses, who, if satisfied of the truth of the charge, will immediately dismiss her. No Nurse, during her suspension, shall be permitted to enter any ward of the Hospital. Dismissal for intoxication.

36. No Nurse, discharged for misconduct of any kind, can be engaged again for the Government service, and any Nurse, retiring from the service without permission from the Superintendent-General, will forfeit all claim to pension or re-engagement in the public service. Cannot be re-engaged.

37. Nurses discharged for misconduct will be paid only to the day of their discharge, and if discharged while on service abroad, will be sent home as third-class passengers. Pay to cease on dismissal for misconduct.

38. A Nurse discharged from service on account of ill-health, certified by two Medical Officers, whether she may be in receipt of a pension or a gratuity, will be entitled to board and travelling expenses from the place of her discharge to her own home. Travelling expenses on returning home sick.

39. When on war service, each Nurse, in addition to her customary nursing duties, must (at the discretion of the Superintendent) do needlework for the Hospital, cook extras for the sick in the extra diet kitchen, and generally discharge such other household duties as the Superintendent may require. No Nurse is to be permitted to wash her own linen, unless in war service. Nurses must be generally useful on War Service.

40. The Nurse's lodging should be conveniently situated for her ward duties, and she shall clean it herself. Lodging to be conveniently situated.

41. The hours of exercise or recreation, as well as holidays, will be fixed by the Superintendent, with reference to the ward duties. It is necessary for the health of the Nurse, and for the efficient discharge of ward duties, that she should take frequent exercise in the fresh air. No Nurse must be out of Hospital before or after the limit of her exercise time without written permission of the Superintendent. Hours of exercise.

42. Nurses shall receive visitors only on such days of the week, and at such hours as may be specified by the Superintendent. Visitors' days.

43. Nurses should have eight hours for sleep, and whenever possible two hours daily for exercise or recreation. Rest and recreation.

One Nurse for each ward.

44. Every ward or set of wards, except venereal and convalescent wards, according to their size and the number of patients they contain, should be under a Nurse, who is to be responsible for their condition. She shall keep the keys of all store-closets, or lock-up places, which are to be provided in the ward. Nothing appertaining to the ward is to be kept in the Nurse's room.

Superintendent to appoint times of duty.

The Nurse shall enter on her ward duties day by day, at such time as the Superintendent may appoint, in conformity with the orders of the Medical Officer, and the instructions of the Superintendent-General.

DUTIES OF NURSES.

Nurse to receive and obey orders of Medical Officer.

45. The Nurse shall always attend the Medical Officer of the ward on his visits, and shall receive and obey all his orders regarding the administration of medicine and medical comforts, the preparation of tea, sago, arrowroot, or beef tea, the administration of food and drink to helpless patients, the application of leeches and blisters, poulticing and minor dressings, the administration of enemas, when required by the Medical Officer to do so, and the due warming and ventilation of the ward.

Nurse responsible for cleanliness of wards and obedience of sick.

46. She shall be responsible for the personal cleanliness of the patient, for the care and cleanliness of his linen, bedding, and utensils, and for his personal obedience to the orders of the Medical Officer, as to keeping his bed or his position, &c. She shall see that the ward, its furniture, and utensils are cleaned, and the helpless patients washed by the Orderlies before the morning visit.

To require Orderlies to obey her.

47. To fulfil these responsibilities, the Nurse shall give such instruction to the Orderlies in any of these details, as she may consider necessary, and she shall require the Orderlies in her ward to obey her directions in any of these matters; and in case of neglect or disobedience on the part of any Orderly, or in case of any breach of discipline in a ward, or in case of swearing or use of foul language by any patient or Orderly, she shall report the same to the Superintendent, who shall lay the complaint before the Captain of Orderlies. But in an emergency, the Nurse, if she consider it necessary, may report direct to the Captain of Orderlies, or to the Medical Officer.

To obey directions of Superintendent.

48. She shall receive any directions the Superintendent may give in reference to any details of her work, and shall conform to the same.

Diets, &c., to be brought into the wards.

49. In order to save the time of Nurses, and to prevent breaches of discipline, all diets and ward requisites should be

brought into the wards, or at least to the ward doors. Nothing should be fetched by the Nurses.

Hours for medicines, diets, &c. to be fixed.

50. The nurse shall conform to the hours of morning and evening poulticing and minor dressings fixed by the Medical Officer, also to the hours for administration of medicine and diets, whether hung up in the ward or written in the ward-book.

Nurse to administer medicines, wine, spirits, and malt liquor.

51. Medicines, wine, spirits, and malt liquor, are always to be administered by the Nurse in attendance, in conformity with the orders of the Medical Officer.

Unpaid Superintendents and Nurses to obey Regulations.

52. Any Superintendent or Nurse who may receive permission to serve in Her Majesty's Hospitals without pay, shall be, in all respects, bound by, and amenable to, these regulations, on pain of dismissal from the service, without permission to re-enter it.

VIII.—Additional Sanitary Instructions for Officers of the Quartermaster-General's Department.

When an Army is about to take the field, the Director-General of the Army Medical Department will select a competent Medical Officer, to be attached to the Quartermaster-General's Department, to act as Sanitary Officer of the Army, and as Sanitary Adviser to the Department.

The Sanitary Officer, or, in his absence, the Principal Medical Officer, or any other Medical Officer appointed by him, should, on the line of march, accompany the Officer of the Quartermaster-General's Department, who precedes the troops, and should be directed to give his advice on the selection of quarters or camping grounds, and in the adoption of precautions for protecting the health of the men.

Previous to the selection of a site for encampment, the Sanitary Officer will accompany the Quartermaster-General, or his Deputy, in his inspection of the ground proposed to be occupied, and will report his opinion, in writing, as to its fitness in point of salubrity, and will send a copy of such report to the Principal Medical Officer, who will make any comment he thinks right upon it, for the information of the General commanding.

He will indicate such precautions as may be required for improving its sanitary condition.

He will examine and report on the amount and quality of the water supply, point out the best sources of supply, and also indicate the Sanitary precautions required in collecting, storing, purifying, and distributing water for use.

He will point out the best position for latrines, stables, slaughtering-places, offal-pits, and burial-grounds, and give his advice as to the best mode of regulating them.

The Quartermaster should make arrangements for a Camp Police to cleanse and keep clean the surface and the vicinity of the camp, to prevent nuisances, and to carry into effect all Sanitary Regulations; and the Sanitary Officer should be instructed to report to the Quartermaster-General any defects or negligence in carrying out the duties of the Camp Police.

Proposed camping grounds, especially in low flat districts, should be examined as to their natural drainage, by trial holes dug at different points to a depth of three or four feet, to ascertain if there be water near the surface. Ground in which this is the case should be avoided if possible, but if it must be occupied the ground should be deep drained to remove the subsoil water.

In forming a camp, the tents should be pitched in single lines, with a sufficient interval between the tents to allow the air to circulate freely among them, and to admit of the spaces between the tents being swept and kept clean. The opinion of the Sanitary Officer should be required as to the most suitable distance for tents and huts under different conditions of ground.

A trench should be dug round each tent sufficiently deep to remove surface water and to keep the ground under the tent dry. This should be done in damp or wet ground, even if the ground be occupied only for one night.

Before erecting huts the ground should be cleared and levelled, and a trench dug round the site of the hut sufficiently deep to drain the site.

Huts should not be dug out of the ground nor have earth heaped against their sides; they should stand detached and at a sufficient distance from each other, and from any neighbouring higher ground, to allow a free circulation of air around them. In warm climates the floor should be sufficiently raised above the ground to allow of a free circulation of air beneath it. The Sanitary Officer should be consulted on these points, also as regards the draining of sites, and the warming and ventilating of huts and tents.

When towns or villages are to be occupied, the Quartermaster or Assistant Quartermaster-General should direct the Sanitary Officer to inspect the places as to their general sanitary condition, especially as regards the sanitary state of houses and buildings intended to be used as quarters or hospitals, and to see that no more than the proper number of inmates be placed in each. Also to inquire into the amount and quality of the water supply, and to report on these, and on all other local matters likely to affect the health of the

troops in occupation, and on the nature and extent of such sanitary improvements as may be required.

In all occupied towns or villages a Sanitary Police, properly organized, should be provided to carry out, from day to day, such precautionary measures as may be pointed out by the Sanitary Officer, who should be instructed to make periodical sanitary inspections and reports.

The Quartermaster or Assistant Quartermaster-General should receive, and take into immediate consideration, all reports and recommendations made to him, in writing, by the Sanitary Officer, respecting the health and sanitary condition of camps and occupied places, and should give effect to the same, unless military exigencies should make it undesirable, in which case the Quartermaster or Assistant Quartermaster-General, as the case may be, should state his reasons for non-compliance with the recommendations of the Sanitary Officer, in writing, and transmit the same to the Commander of the Forces.

When it has not been considered necessary to appoint a Sanitary Officer, the Principal Medical Officer, or in case of single Regiments, the Regimental Medical Officer will discharge the duties of Sanitary Officer; and Assistant and Deputy Assistant Quartermasters-General of Divisions, and Brigades, and Quartermasters of Regiments, being responsible for the sanitary condition of their camps, should comply with the recommendations made to Commanding Officers by the Principal Medical Officer or Regimental Medical Officer, as the case may be, on all matters contained in the preceding instructions.

SIDNEY HERBERT.

War Office, October 7, 1859.

IX.—Statistical Forms.

(Form A.)

REGISTER of RECRUITS

Date	Regiment.	Name.	Age. Yrs.	Height. Inches.	Weight. lbs.	Circumference of Chest over the Nipple. Inches.	Marks of Vaccination or Small Pox.	Place of Birth. Parish and County, or Country, if abroad.	England.	Ireland.	Scotland.	Br. Colonies.	Foreign Countries.

for the _____ Recruiting District.

Trade or occupation.	State of Education.				Primary Inspection.		Secondary Inspection.		Transfers from Militia.		Causes of Rejection and Remarks.
	Well educated.	Can write.	Can read only.	Cannot read.	Fit.	Unfit.	Fit.	Unfit.	Fit.	Unfit.	

(Form B.)

PREVIOUS OCCUPATIONS OF RECRUITS.

INSTRUCTIONS for the guidance of Medical Officers in filling up the Column headed "Trade or Occupation," in the *Register of Recruits* (Form A.)

[The following Instructions are extracted from the Regulations adopted in connection with the Census of 1851 and the Civil Registers of Births and Deaths, in order to assist in securing uniformity and precision in the Nomenclature of Occupations. By recording, as far as practicable, the previous pursuits of Recruits on the same principles, the Medical Officers will greatly facilitate the comparison of results with those relating to the civil population.]

I.—In TRADES the JOURNEYMAN is to be distinguished from the Master in all cases. Examples:—

Shoemaker (*Journeyman*).
Baker (*Master*).

II.—LABOURERS and SERVANTS are to be described according to the nature of their Employment. Examples—

Agricultural Labourer.
Railway Labourer.
Dock Labourer.
Farm Servant.

"Labourer," "Porter," are always imperfect descriptions. Inquiry should be made as to whether the "Labourer" is an "agricultural," "railway," "dock," or other Labourer, and the necessary addition inserted in the entry; so of Porter, Messenger, and all general terms. The term "Agricultural Labourer" will apply to all labourers in agriculture (except Shepherds) not living in the farm-house; those living in the house of the Farmer will be more correctly described as "Farm Servants."

III.—In the case of WORKERS IN MANUFACTURES OR MINES, and generally in the constructive ARTS, the particular *branch* of work, and the *material*, are always to be distinctly expressed. Where the trade is much subdivided, both trade and branch are to be returned thus—"*Printer—Compositor*," "*Printer—Pressman.*"

Examples:—
Coal Miner.
Copper Miner.
Brass Founder.
Silk Throwster.

"Pitman," "Miner," "Throwster," "Weaver," and other entries of the sort, are indefinite, and should be entered with the proper addition, as "*Iron* Miner," "*Silk* Weaver," &c.

IV.—The term FARMER should be applied only to those who have occupied land. The sons of Farmers may be returned "Farmer's Sons," when not Agricultural Labourers, &c.

A few Examples of Incomplete Descriptions of frequent occurrence in the Civil Registers are here inserted, together with instructions for obtaining more precise descriptions.

Incomplete Descriptions.	INSTRUCTIONS.
ASSISTANT - -	*State the trade in which employed;* as "Linen Draper's Assistant."
BLEACHER - -	*State the particular manufacture or material;* as "Cotton "Bleacher;" "Lace Bleacher."
BURNISHER - -	*State the material;* as "Gold Burnisher;" "Brass Burnisher."

Incomplete Descriptions.	Instructions.
Button-maker	*State the material;* as "Metal Button-maker;" "Bone Button-maker."
Carder	*State the manufacture or material;* as "Wool Carder;" "Cotton Carder."
Clerk	*No person whatever should be described as* "Clerk," *simply; but as* "Attorney's Clerk;" "Commercial Clerk;" &c.
Cutter	*State the particular manufacture or trade;* as "Lace Cutter;" "Needle Cutter."
Dresser	*State the particular manufacture or material;* as "Silk Dresser;" "Worsted Dresser."
Engine-feeder, Engine-hand, Engine-worker, Engine-driver, Engineer	*State whether in connexion with a manufactory or a railway, steam vessel, &c.;* as "Engine Feeder at a Cotton Factory;" "Railway Engine driver." A Workman employed at an Engine Manufactory to be described as an "Engine-smith," and not as an "Engineer."
Factory-worker	*State the manufacture in which employed;* as "Silk Factory-worker;" "Cotton Factory-worker."
Finisher	*State the manufacture;* as "Needle Finisher;" "Lace Finisher."
Fireman	*This term should be applied only to men of the* "Fire Brigade." *A man who attends to the fire in a factory or on board a steam-vessel should be described as* "Stoker in a Steam-vessel;" "Stoker in a Silk Factory," &c.
Founder	*State the branch;* as "Brassfounder;" "Ironfounder."
Framework-knitter	*State the branch;* as "Stocking Framework-knitter."
Handloom-weaver	*State the manufacture;* as "Silk Handloom Weaver."
Labourer	*State the branch of labour;* as "Agricultural Labourer;" "Dock Labourer;" "Bricklayer's Labourer."
Machine-worker	*State the manufacture in which the machine is employed.*
Mechanic	*State the branch of manufacture.*
Miner	*State invariably the particular metals or minerals;* as "Iron Miner;" "Coal Miner;" "Copper Miner;" "Lead Miner;" "Tin Miner;" "Copper and Tin Miner."
Moulder	*State the particular manufacture;* as "Iron Moulder;" "Brass Moulder."
Quarrier	*State the particular material;* as "Stone Quarrier;" "Slate Quarrier."
Reeler	*State the branch of manufacture;* as "Cotton Reeler;" "Wool
Rover	Rover."
Salesman	*State whether* "Meat Salesman;" "Cattle Salesman;" "Clothes Salesman," &c.
Servant	*State whether* "Domestic Servant;" "Farm Servant;" &c.
Shopman, Shopkeeper	*State the branch of business.*
Smelter	*State the particular metal;* as "Tin Smelter;" "Copper Smelter."
Smith	*State whether* "Blacksmith;" "Whitesmith;" "Enginesmith."
Spinner	*State the branch of manufacture;* as "Worsted Spinner."
Weaver	*State the branch of manufacture;* as "Silk Weaver;" "Cotton Weaver;" "Woollen Weaver;" "Flannel Weaver."
Winder	*State the branch of manufacture;* as "Silk Winder;" "Cotton Winder."

(Form C.)

CLASSIFICATION of the DISEASES and DEFECTS of RECRUITS, Distinguishing those of the Men found unfit for the Service on other grounds than Age and Lowness of Stature.

Class.	Order.	Diseases and Defects.	Recruits found fit for Service.	Recruits found unfit for Service.
		Total - - -		
I.		ZYMOTIC DISEASES.		
		Syphilis - - - - - -		
		Other Zymotic Diseases - - -		
II.	1.	CONSTITUTIONAL DISEASES.		
		Scrofula - - - - - -		
		Phthisis - - - - - -		
		Other Constitutional Diseases - -		
III.		LOCAL DISEASES.		
	1.	Dis. of Brain, Spinal Marrow, and Nerves -		
		Disease of Eyes and Eyelids - - -		
		Disease of Nose and Mouth - - -		
		Disease of Ears - - - - -		
	2.	Disease of Heart - - - -		
		Disease of Arteries (Aneurism) - -		
		Disease of Veins (Varix) - - -		
	3.	Disease of Lungs - - - -		
		Small or Malformed Chest, and Curvature of Spine - - - - -		
		Loss or decay of many Teeth - - -		
	4.	Hernia - - - - - -		
		Laxity of Abdominal Rings, showing tendency to Hernia - - - -		
		Hæmorrhoids - - - - -		
		Fistula in Ano - - - - -		
		Other Diseases of Stomach and Intest. Tract		
		Liver Disease - - - - -		
		Spleen Disease - - - - -		
	5.	Diseases of the Urinary Organs - -		
	6.	Varicocele - - - - -		
		Hydrocele - - - - -		
		Other Diseases of the Genital Organs -		
	7.	Muscular Tenuity - - - -		
		Debility - - - - - -		
		Defects of Upper Extremities - -		
		Defects of Lower Extremities - -		
		Diseases of Joints - - - -		
		Other Affections of Bones and Muscles -		
	8.	Ulcers, Wounds, Cicatrices - - -		
		Other Affections of the Cutaneous System -		
IV.		DEVELOPMENTAL DISEASES.		
		Weakness of Intellect - - - -		
		Malformations of Ears - - - -		
		„ Nose and Mouth - -		
		„ Chest and Spine - -		
		„ Urin. or Gen. Organs -		
V.		MUTILATIONS AND INJURIES.		
		Marks of Punishment, or D. - -		
		Unsound Health, Marks of Cupping, Blistering, and Unclassed Cases - -		
		Total Rejected - - -		

Form (D.)

INVALIDS.

CLASSIFICATION OF THE DISEASES, WOUNDS, AND INFIRMITIES OF INVALIDS.

Class.	Order.	Diseases and Defects.	AGES. 15.	20.	25	30.	35.	40.	45.	50.	55.	60.
		Total										
		Discharged having no Disease or discoverable Defect										
		ZYMOTIC DISEASES.										
I.	1.	Rheumatism										
		Dysentery										
		Dysentery with Hepatic Disease										
		Other Miasmatic Diseases										
	2.	Syphilis										
		Stricture (from Gonorrhœa)										
		Other Enthetic Diseases										
	3.	Scurvy										
		Intemperance										
		Delirium Tremens										
		Other Dietic Diseases										
	4.	Parasitic Diseases										
		CONSTITUTIONAL DISEASES.										
II.	1.	Gout										
		Dropsy										
		Cancer										
		Other Diathetic Diseases										
	2.	Scrofula										
		Phthisis										
		Other Tubercular Diseases										
		LOCAL DISEASES.										
III.	1.	Dis. of Brain, Spinal Marrow, and Nerves										
		Mania										
		Monomania										
		Dementia										
		Epilepsy										
		Paralysis										
		Moral Defects										
		Marks of Punishment, or D.										
		Disease of Eyes										
		Disease of Ears										
	2.	Diseases of Heart										
		Disease of Arteries (Aneurism)										
		Disease of Veins; Varix.										
	3.	Disease of Lungs										
	4.	Teeth Defective										
		Hernia										
		Laxity of Abdominal Rings										
		Hæmorrhoids										
		Fistula										
		Other Diseases of Stomach and Intest. Tract										
		Liver Disease										
		Spleen Disease										
	5	Stricture of Urethra (not the result of Gonorrhœa)										
		Other Diseases of the Urinary Organs										
	6.	Varicocele										
		Hydrocele										
		Other Diseases of the Genital Organs										
	7.	Muscular Tenuity										
		Debility										
		Defects of Upper Extremities										
		Defects of Lower Extremities										
		Diseases of Joints										
		Other Affections of Bones and Muscles										
	8.	Ulcers										
		Other Affections of the Cutaneous System										
		DEVELOPMENTAL DISEASES.										
IV.	1.	Weakness of Intellect										
		Infirmities of Age										
		MUTILATIONS AND INJURIES.										
V.	1.	WOUNDS and FRACTURES of the HEAD										
		WOUNDS of the FACE										
		WOUNDS of the NECK										
		WOUNDS of the CHEST										
		WOUNDS of the ABDOMEN										
		WOUNDS of the BACK and SPINE										
		WOUNDS of the Perineum, Genital and Urinary Organs, not being Wounds of the Peritoneum										
		WOUNDS of the UPPER EXTREMITIES										
		WOUNDS of the LOWER EXTREMITIES										
		WOUNDS with direct injury of the LARGE ARTERIES, not being cases of compound fracture										
		WOUNDS with direct penetration or perforation of the LARGE JOINTS										
		WOUNDS with direct injury of the LARGE NERVES, not being at the same time cases of compound fracture										
		DISLOCATIONS.										

(Form E.)

REGISTER of INVALIDS

Date of Arrival at Depôt.	Regiment.	RANK and NAME. (If married write "M" under the Name.)	Age.	Actual Service.			Character and Number of Good Conduct Badges.	Nature and Extent of Disability as reported by Regimental or Staff Officer.
				Total Years.	Stations.	Period in Years.		

arrived at INVALID DEPÔT.

Station whence Invalided.	If requiring Hospital treatment, date of.			No. of Medical Register and of Case.	Opinion of Principal Medical Officer.	How Disposed of.	Remarks.
	Admission.	Discharge.	Death.				

(Form F.)—*For "Medical Histories Book."*

MEDICAL HISTORY.

Regiment or Corps } _____

Regimental Number_____, Name_____.

Enlisted { on / at

Birthplace { Parish / County } Country.

Age (last Birthday)

Former Trade or Occupation

The results of each subsequent Examination to be recorded in all cases of transfer to other Regiments.

Height - -	inches.
Circumference of chest (over the Nipple) -	inches.
Spirometer -	inches.
Weight - -	lbs.
Dynamometer -	lbs.
Small Pox Marks -	
Vaccination Marks	
When Vaccinated	
Hair - -	
Pulse (regular) -	beats.
Respiration -	inspirations.
Muscular Development - -	

The above was his state when examined on_____

(Signature) _____

General Remarks

On his Habits and Conduct in the Service, Temperance, &c.

Rank and Dates of Promotion, also Dates of Transfer to other Regiments.	Dates of Punishment, and whether Corporal or by Imprisonment.

(Form F.)—*continued.*

Medical History—*continued.*

Station, Garrison, Barrack, General Hospital, &c., with *Date of Arrival.**	No. in Admission and Discharge Book.	Date of Attack. Year. Mo. Day.	Date of Recovery. Year. Mo. Day.	Diseases. (*a*) Primary. (*b*) Secondary.	Duration of Diseases. Days.	Completed Years of Age.	Completed Years of Service.	Treatment. Class of Remedies.	Observations. Circumstances in or by which Disease was induced.

In addition to the record of sickness, the date of the following events should be recorded :—(1) Death and Cause of Death in the Service. (2) Discharge on Pension or Temporary Allowance for Life or for a Term of Years; also of Death and Cause of Death while on Pension or Temporary Allowance. (3) Discharge by Purchase or other cause of the kind. (4) Promotion to the rank of Commissioned Officer. (5) Capture, Desertion, &c.

* This column should be filled up in all cases when the Soldier remains any length of time at the Station, even if he has no attack of Sickness while there.

(Form **G.**)—*For Regimental Hospitals.*

ADMISSION AND DISCHARGE BOOK.

No. of Case.	Reg. No.	RANK and NAME. (If the Soldier is Married, write "M" under his name.)	Completed Years of		DATES.			
			Age (last Birth-day.)	Service.	Injured, or Attacked by Diseases, &c.	Admitted into Hospital.	Discharged from Hospital.	Died or Recovered, when and where (Write "DIED" in case of death, and "R" for recovered.)

Regiment or Corps. _____

(NOTE.—When the Regiment or Corps moves to New Quarters, leave two Compartments without entries, and write therein the names of the Garrison, Station, or Barracks at which the Regiment arrives, with the date of arrival.)

DISEASES. (*a*) Primary. (*b*) Secondary. Also Operations.	DURATION OF CASE, from period of Attack to Recovery or Death.	WHEN DISCHARGED FROM HOSPITAL.		OBSERVATIONS. State briefly the circumstances in or by which the Sickness was induced; and in cases of Death the results of *post-mortem* examination; insert also Reference Number to "Case Book" in which any of the cases are recorded at length.
		STATE OF HEALTH. (Whether Healthy or otherwise.)	Destination.	

(Form H.)

STATISTICAL NOSOLOGY

For the Use of Medical Officers in preparing Statistical Tables.

The following *Statistical Nosology* is taken, with a slight modification, from the Appendix to the Registrar-General's Sixteenth Annual Report. The names are the same as those which are employed in the returns of the diseases of the civil population.

The principles of the classification are explained in the Appendix to the above Report (pp. 73–79).

A committee of which the President of the College of Physicians is Chairman, has now under its consideration the whole question of medical nomenclature and classification. Any improvements which they suggest should be adopted in the nomenclature of the Army returns.

The diseases of women and children are retained in the classification.

STATISTICAL NOSOLOGY.

[Note.—The latinized names of classes and of orders are derived from Greek roots, which may help the memory, and suggest, but will never define, the classes. The English names of classes are used in nearly the ordinary senses, and "constitutional" here legitimately acquires a definite meaning. Instead of "Diseases of the Nervous System," the name "Brain Diseases" is employed, thus designating by the name of the principal organ the diseases of all the divisions of this great system. On the same principle the diseases of the circulatory, respiratory, digestive, urinary, reproductive, locomotive and integumentary systems are named.]

Classes.

(Z.) I. Zymotic Diseases :—*Zymotici.* (ζύμη, leaven.)

Diseases that are either epidemic, endemic, or communicable : induced by some specific body, or by the want, or by the bad quality of food.

(C.) II. Constitutional Diseases :—*Cachectici* (κακεξία, bad habit of body.)

Sporadic diseases ; affecting several organs in which new heterologous morbid products are often deposited ; sometimes hereditary.

(L.) III. Local Diseases :—*Monorganici.* (μόνος, alone, without others ; ὄργανον, organ.)

Sporadic diseases, in which the *functions* of particular organs or systems are disturbed or obliterated ; including *inflammation* (pure), its results, and its allied pathological phenomena, such as hyperæmias, hypertrophies, and ulcerations.

(D.) IV. Developmental Diseases:—*Metamorphici.* (μεταμόρφωσις, change of form.)

Special diseases, the incidental result of the formative, reproductive, and nutritive processes.

(Form H.)—*continued.*

(V.) V. Violence Diseases or Deaths :—*Thanatici.* (θάνατοι, violent deaths.)

Diseases which are the evident and direct results of physical or chemical forces, acting either by the will of the sufferer, of other persons, or accidentally.

Orders.

Order.

Class I.—1. Miasmatic diseases :—*Miasmatici.* (μίασμα, stain, defilement.

2. Enthetic diseases :—*Enthetici.* (ἔνθετος, put in ; implanted.)

3. Dietic diseases :—*Dietici.* (δίαιτα, way of life ; diet.)

4. Parasitic disease :—*Parasitici.* (παράσιτος, parasite.)

Class II.—1. Diathetic diseases :—*Diathetici.* (διάθεσις, condition, diathesis.)

2. Tubercular diseases :—*Phthisici.* (φθίσις, wasting away.)

Class III.—1. Brain diseases :—*Cephalici.* (κεφαλή, head.)

2. Heart diseases :—*Cardiaci.* (καρδία, heart.)

3. Lung diseases :—*Pneumonici.* (πνεύμων, lung.)

4. Bowel diseases :—*Enterici.* (ἔντερον, intestine.)

5. Kidney diseases :—*Nephritici.* (νεφρὸς, kidney.)

6. Genetic diseases :—*Aidoici.* (αἰδοῖα, pudenda.)

7. Bone and muscle diseases :—*Myostici.* (μῦς, muscle ; ὀστέον, bone.)

8. Skin diseases :—*Chrotici.* (χρὼς, skin.)

Class IV.—1. Developmental diseases of children :—*Paidiaci.* παιδία, youth.)

2. Developmental diseases of women :—*Gyniaci.* (γυνὴ, woman.)

3. Developmental diseases of old people :—*Geratici.* (γῆρας, old age.)

4. Diseases of nutrition :—*Atrophici.* (ἀτροφία, atrophy.)

Class V.—1. Accident :—*Tychici.* (τύχη, chance.)

2. Battle :—*Polemici.* (πόλεμος, a battle, fight.)

3. Homicide :—*Androphonici.* (ἀνὴρ, man ; αὐτὸς, self : φονεύω, I murder, I kill.

4. Suicide :—*Autophonici.*

5. Execution :—*Demiotici.* (δημιώτης, executioner.)

Class I.—Zymotic Diseases.—*Zymotici.*

Order 1.—*Miasmatici.*

Small Pox.
Varioloid.
Chicken Pox.
Miliaria.
Measles.
Whooping Cough.
Croup.
Mumps.
Scarlatina.
Quinsy.
Diphtheria.
Coryza, Catarrh, Influenza.

(Form H.)—*continued.*

Ophthalmia (Purulent).
Erysipelas.
Erythema.
Metria (Puerperal Fever).
Pyemia.
Hospital Gangrene.
Carbuncle.
Boil.
Plague.
Dysentery.
Dysentery with Abscess of Liver.
Diarrhœa.
Cholera.
Typhoid Fever.
Typhus.
Relapsing Fever.
Ague.
Remittent Fever.
Yellow Fever.
Rheumatism.
„ with Heart Disease.

ORDER 2.—*Enthetici.*

Gonorrhœa.*
Simple Gonorrhœa gives rise to
a Gleet.
b Gonorrhœal { Phymosis. / Paraphymosis.
c „ Bubo.
d „ Warts(not Condylomata.)
e „ Orchitis
f „ Cystitis (also Prostatic Inflammation).
g „ Ophthalmia.
It is also followed by—
a Stricture of Urethra, which sometimes terminates in—
Fistula of Urethra.
b Gon. Rheumatism.

Syphilis (Primary) :—
a Simple Chancre—also sometimes designated as Non-infecting Chancre, Ulcus Penis, Ulcus Penis non-syphiliticum.
Gives rise to—
1. Bubo.
2. Phymosis.

b. Phagedenic Chancre.
c indurated Chancre, called by some Hunterian Chancre, Infecting Chancre, Hardened sores.
Gives rise to slight swelling of groins, and is followed by—
Secondary Syphilis :—
1. Cutaneous Eruptions.
2. Condylomata (not warts).
3. Sore Throat.
4. Syphilitic Iritis.

These are succeeded by—
Tertiary Syphilis :—
1. Ecthyma.
2. Rupia.
3. Nodes.
4. Disease of the Bones.

Note.—Where the disease is modified by Scrofula or Scurvy, the modification should be noted.

Leprosy (Greek Elephantiasis).
Yaws.
Glanders.
Hydrophobia.
Necusia (infection by puncture in dissection or by handling the parts of dead animals).
Malignant Pustule.

ORDER 3.—*Dietici.*

Scurvy (state what parts are affected).
Purpura.
Rickets.
Bronchocele.
Cretinism.
Ergotism.
Alcoholism { *a* Delirium Tremens. / *b* Intemperance.

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* The classification of the forms of Gonorrhœa and Syphilis are by Mr. Acton.

(Form H.)—*continued.*

ORDER 4.—*Parasitici.*

THRUSH.
Porrigo.
Scabies.
Phthiriasis.
WORMS.
a Hydatids.
b Tape Worm.
c Strongilus Gigas.
d Round Worm.
e Thread Worm.
f Guinea Worm.

CLASS II.—CONSTITUTIONAL DISEASES.—*Cachectici.*

ORDER 1.—*Diathetici.*

GOUT.
Anæmia.
DROPSY.
CANCER.
„ Soft.
„ Colloid.
„ Osteoid.
„ Scirrhus.
CANCER, Epithelial.
Melanosis.
Lupus.
CANKER (Noma).
MORTIFICATION.
Dry Gangrene.
Bed Sore.

(Hæmorrhage, Abscess, Ulcer, Tumor, are referred to the organs affected.)

ORDER 2.—*Phthisici.*

SCROFULA.
Psoas Abscess.
Scrofulous Abscess of Joints.
TUBERCULOSIS MESENTERICA.
Tubercular Peritonitis.
PHTHISIS.
(Hæmoptysis.)
(Pneumothorax.)
HYDROCEPHALUS (with tubercular deposit.)

CLASS III.—LOCAL DISEASES.—*Monorganici.*

ORDER 1.—*Cephalici.*

Meningitis.
CEPHALITIS (including acute Hydrocephalus).
Myelitis.
APOPLEXY.
PARALYSIS (of).
Shaking Palsy.
CHOREA.
MANIA.
Monomania.
Dementia.
EPILEPSY.
Hysteria.
TETANUS (Idiopathic).
CONVULSIONS.
Laryngismus Stridulus.
Neuralgia (Tic Douloureux).
Neuroma.
OPHTHALMITIS (not purulent).
Cataract.
Amaurosis.
Glaucoma and other diseases of the eye.
(Inflammation of the different parts of the eye should be distinguished.)
Otorrhœa.
Otitis.
Deafness, and other diseases of the ear.

(Form H.)—*continued.*

ORDER 2.—*Cardiaci.*

Carditis.
Pericarditis.
Endocarditis.
Disease of Heart Valves.
Heart Hypertrophy.
„ Atrophy.
„ Fatty Degeneration.
Aneurism of the Heart.
Aneurism of the Aorta.
„ Popliteal Artery, &c.
Angina Pectoris.
Fainting.
Arteritis.
Atheroma (of Arteries).
Phlebitis.
Varix.

ORDER 3.—*Pneumonici.*

Epistaxis.
Laryngitis (Œdema of the Glottis).
Bronchitis.
Pleurisy.
Hydrothorax.
Empyema.
Pneumothorax (*see* Phthisis).
Pneumonia.
Pleuripneumonia.
Congestion of Lungs.
Asthma.
Emphysema (of Lungs).
Spurious Melanosis.

ORDER 4.—*Enterici.*

Glossitis.
Stomatitis.
Pharyngitis.
Œsophagitis.
Gastritis.
Enteritis.
Peritonitis.
Constipation.
Colic.
Ileus (Obstruction of Bowels.)
Intussusception.
Hernia.
„ Congenital.
„ Femoral.
„ Inguinal.
„ Scrotal.
„ Umbilical.
„ Ventral.
Stricture (of) name the part of the intestinal tube affected.
Ulceration (of).
Perforation (of).
Dyspepsia.
Pyrosis.
Gastralgia.
Hæmatemesis.
Melæna.
Hæmorrhoids.
Fistula.
Pancreatic Disease.
Spleen Disease.
Hepatitis.
Jaundice.
Gall Stones.
Cirrhosis.
Ascites.

ORDER 5.—*Nephritici.*

Nephritis.
Ischuria.
Diuresis.
Nephria (Bright's Disease, Albuminuria.
Diabetes.
Stone (Uric Acid, &c.)
Gravel (Uric Acid, &c.)
Hæmaturia.
Cystitis.
Disease of Prostate Gland.
Stricture of Urethra (not a consequence of Gonorrhœa).

(Form H.)—*continued.*

ORDER 6.—*Gennetici.*

Varicocele.
Orchitis.
Hydrocele.
Hysteritis.
Ovarian Dropsy.
„ Tumor.
Uterine Tumor.
Polypus of Uterus.

ORDER 7.—*Myostici.*

Synovitis.
Ostitis (including Endostitis).
Exostosis.
Fragilitas Ossium.
Periostitis and
Mollities Ossium.
Curvature of Spine.
Caries.
Necrosis.
Muscular Atrophy.

ORDER 8.—*Chrotici.*

Roseola.
Urticaria.
Eczema.
Herpes.
Pemphigus.
Ecthyma.
Impetigo.
Acne.
Mentagra.
Lichen.
Prurigo.
Psoriasis.
Pityriasis.
Ichthyosis.
Phlegmon.
Whitlow.
Abscess (external).
Ulcer (name the part affected).

CLASS IV.—Developmental Diseases.—*Metamorphici.*

ORDER 1.—*Paidiaci.*

Still-born.
Premature Birth.
Atelectasis.
Malformations.
Cyanosis.
Spina Bifida.
Anus Imperforatus.
Idiocy.
Congenital Deafness.
„ Dumbness.
Teething.

ORDER 2.—*Gyniaci.*

Chlorosis.

Childbirth. { Miscarriage. / Abortion, &c.,

Includes—Rupture of Uterus, Extra Uterine Fœtation, Flooding, Puerperal Mania, Puerperal Convulsions, Puerperal Syncope, Hysteritis, Breast Abscess. *See* also Metria, Class I., 1.

Paramenia (includes Amenorrhœa, turn of life, Climacteria).

ORDER 3.—*Geratici.*—Decay of Old Age.

ORDER 4.—*Atrophici.*—Atrophy, Debility (includes premature old age)

CLASS V.—Violence Deaths or Diseases.—*Thanatici.*

ORDER 1.—Accident.—*Tychici.*

Burn (state how caused).
Scald (state how caused).
Explosion of Powder, Gas, &c.
Chilblains.
Frost-bite.
Lightning (where struck and how?).

(Form H.)—*continued.*

Sun-stroke (state circumstances).
Drowning (where and how ?).
Hanging (where and how ?).
Suffocation (where and how ?).
Fracture of— } state how caused.
Contusion of— } state how caused.
Concussion of— } state how caused.
Gunshot wound (by what arm or projectile ?).
Cut, stab (with what instrument ?).
Poisoning (what poison and how much ?).
Privation (to what extent ?).
Otherwise.

ORDER 2.—BATTLE.—*Polemici.*

State in all cases the weapon by which the wound was inflicted, and the part injured.

Killed on the field (state how, whether by cannon or other ball, by bayonet, sword, &c.)
Gunshot wound (state whether by cannon ball, grape shot, shell, musket or rifle ball).
Cut, stab (state if by bayonet, sword, lance, &c.) *Otherwise.*

Killed in naval engagement (state how).
Gunshot wound (state whether by cannon or other ball).
Cut, stab (state by what weapon). *Otherwise.*

ORDER 3.—HOMICIDE.*—*Androphonici.*

State in all cases, if possible, by what means, and under what circumstances the homicide was committed.

Burn.
Scald.
Drowning in—
Suffocation by—
Fracture of—
Blow on—
Contusion of—
Concussion of—
Gunshot wound, by—
Cut, stab by—
Poisoning by — (state by what poison ; and where it can be ascertained, in what dose.)
Privation. *Otherwise.*

ORDER 4.—SUICIDE.—*Autophonici.*

State in all cases, if possible, by what means and under what circumstances the suicide was committed.

Burn.
Drowning.
Hanging.
Suffocation.
Fracture, &c.
Gunshot wound.
Cut, stab.
Poisoning (by).
Privation. *Otherwise.*

ORDER 5.—EXECUTION.—*Demiotici.*

Shooting. Hanging.

N.B.—In every case of death from violence it should be stated whether the death was (1st) from *accident* or *negligence;* (2nd) *in battle;* or was (3rd) *excusable* or *justifiable homicide;* (4th) *manslaughter;* (5th) *suicide;* (6th) *murder*, infanticide, fratricide, parricide ; (7th) execution.

The *instruments* employed, where human agency is concerned, as well as the *animals, machines*, and *poisons*, or other *bodies* whereby the injury is inflicted, should be stated in all cases. The place of death or of injury, and the time which elapsed between the infliction of the injury and death, should also be recorded. At the same time the statement should be made as concise as it is clear and comprehensive.

Where the injury is not fatal the same course should be adopted with necessary modifications.

N.B.—This arrangement to be followed by an Alphabetical List of Diseases, referring each Disease to its Class and Order, and appropriate nomenclature.

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* Including duel and any other mode of fighting than that which is included in No. 2 "Murder" to be noted.

(Form I.)

MEDICAL CERTIFICATE BOOK.

No. of Case _____

Regimental No. _____

Rank and Name _____

Disease _____

Date of Extract _____ 185

Man left at _____

in charge of _____

MEDICAL CERTIFICATE BOOK.

Extract from the "ADMISSION and DISCHARGE BOOK" of the _____ Regiment.

No. of Case.	Reg. No.	RANK AND NAME. (If Married, write M under his Name.)	Completed Years of Age (last Birthday.)	Completed Years of Service.	DATES. Injured or Attacked by Diseases.	DATES. Admitted into Hospital.	DATES. Discharged from Hospital.	DATES. Died or Recovered. When and Where.*	DISEASES. (a) Primary. (b) Secondary. Also Operations.

Duration of Case from period of Attack to Recovery or Death.	When Discharged from Hospital. State of Health. (Whether Healthy or otherwise.)	When Discharged from Hospital. Destination.	OBSERVATIONS. (State briefly the circumstances in or by which the Sickness was induced, and in Case of Death the results of *post mortem* examination.)	*Extracted from Admission and Discharge Book of the above Regiment this* _____ *day of* _____ 185__, *by* _____
				Particulars of Discharge, &c. filled in, and Extract transmitted to _____ *this* _____ *day of* _____ 185__, *by* _____

Man left at _____

harge of _____

* Write DIED in case of Death, and R for Recovered.

MEMORANDUM.

When a Regiment leaves any of its Sick in the charge of the Medical Officers of another Regiment, or sends them to a General Hospital, this Form (filled in with the particulars of each man's Regimental Number, Name, Age, and Service, the Dates of Attack of Illness and Admission into Hospital, Disease, &c.,) is to be left or sent with the man by the Surgeon of his Regiment; and on the termination of the case the Medical Officers having the man in charge will complete the entry by filling in the particulars as to Discharge, &c., and forward the Form, at the earliest opportunity, to the Surgeon of the Regiment to which the man belongs.

This Form will be used on any other occasion for conveying information respecting a sick soldier from one Surgeon to another; or from the Regimental Surgeon to the Director-General.

(Form K.)—*For General Hospitals.*

ADMISSION AND DISCHARGE BOOK of the

No. of Case.	Regiment or Corps.	Regiment No.	RANK & NAME and Station from which he came. (If the Soldier is Married, write "M" under his name.)	Completed Years of		DATES.			
				Age (last Birth-day.)	Service.	Injured, or Attacked by Diseases, &c.	Admitted into General Hospital.	Discharged from General Hospital.	Died or Recoved: (Write "DIED" in case of death, and "R" for recovered.)

GENERAL HOSPITAL at _____

DISEASES. (*a*) Primary. (*b*) Secondary. Also Operations.	DURATION OF CASE, from period of attack to recovery or death.	WHEN DISCHARGED FROM HOSPITAL.		OBSERVATIONS. (State briefly the circumstances in or by which Sickness was induced; and in cases of Death the results of *post-mortem* examination; insert also Reference Number to "Case Book," in which any of the cases are recorded at length.
		STATE OF HEALTH. (Whether Healthy or otherwise.)	Destination.	

(Form **L.**)

MEDICAL CASE BOOK for Non-Commissioned Officers and Men of the_____Regiment.

Regimental No._____ Name_____

Age last Birthday _____ Completed years of Service_____

Station_____ Time on the Station_____

Day of Month.	Completed Day of Disease.	Particulars of Case and Prescriptions.	Diet.	

(FORM M.)

RETURN of Sick of the _____ Regiment for the week ending Friday the ____ of _____ 1859. Station _____

Strength of Non-Commissioned Officers and Men whose cases of sickness are included in this Return - - -

Detachments not included in this Return - - at at at

Class.	Diseases.	Admitted into Hospital.	Died.	Discharged. To duty.	Discharged. To be invalided.	Discharged. To sick furlough.	Remain in Hospital.
	ALL CAUSES - - - -						
	SPECIFIED CAUSES - -						
	CLASSES.						
I.	ZYMOTIC DISEASES -						
II.	CONSTITUTIONAL DISEASES -						
III.	LOCAL DISEASES - - -						
IV.	DEVELOPMENTAL DISEASES -						
V.	VIOLENCE, DISEASES, or DEATHS.						
I.	ORDER 1. MIASMATIC DISEASES.						
	SMALL POX - - - -						
	MEASLES - - - -						
	WHOOPING COUGH - - -						
	SCARLATINA - - -						
	QUINSY - - - -						
	CORYZA, INFLUENZA - -						
	OPHTHALMIA - - -						
	ERYSIPELAS - - - -						
	CARBUNCLE - - - -						
	DYSENTERY - - - -						
	DIARRHŒA - - - -						
	CHOLERA - - - -						
	CONTINUED FEVER - - -						
	TYPHOID FEVER - - -						
	TYPHUS - - - -						
	AGUE - - - -						
	REMITTENT FEVER - -						
	RHEUMATISM (Acute) &c. - -						
	ORDER 2. ENTHETIC DISEASES.						
	GONORRHŒA - - -						
	SYPHILIS (Primary) - -						
	SECONDARY SYPHILIS - -						
	ORDER 3. DIETIC DISEASES.						
	SCURVY - - - - -						
	ORDER 4. PARASITIC DISEASES.						
	WORMS, &c. - - - -						
II.	ORDER 1. DIATHETIC DISEASES.						
	GOUT - - - - -						
	DROPSY - - - -						
	CANCER - - - -						
	&c.						
	ORDER 2. TUBERCULAR DISEASES.						
	SCROFULA - - - -						
	PHTHISIS - - - -						
	&c.						

Class.	Diseases.	Admitted into Hospital.	Died.	Discharged. To duty.	Discharged. To be invalided.	Discharged. To sick furlough.	Remain in Hospital.
III.	ORDER 1. BRAIN DISEASES.						
	CEPHALITIS (including acute Hydrocephalus).						
	APOPLEXY - - - -						
	PARALYSIS (of) - -						
	MANIA - - - -						
	EPILEPSY - - - -						
	TETANUS - - - -						
	OPHTHALMITIS - - -						
	ORDER 2. HEART DISEASES.						
	PERICARDITIS - - -						
	ANEURISM OF THE HEART -						
	ORDER 3. LUNG DISEASES.						
	LARYNGITIS (Œdema of the Glottis.)						
	BRONCHITIS - - - -						
	PLEURISY - - - -						
	PNEUMONIA - - - -						
	ASTHMA - - - -						
	ORDER 4. BOWEL DISEASES.						
	GASTRITIS - - - -						
	ENTERITIS - - - -						
	PERITONITIS - - - -						
	ILEUS (Obstruction of the Bowels) -						
	HERNIA - - - -						
	FISTULA - - - -						
	SPLEEN DISEASE - - -						
	HEPATITIS - - - -						
	JAUNDICE - - - -						
	ASCITES - - - -						
	ORDER 5. KIDNEY DISEASES.						
	NEPHRITIS - - - -						
	ISCHURIA - - - -						
	NEPHRIA (Bright's Disease, Albuminuria).						
	CYSTITIS - - - -						
	ORDER 6. GENNETIC DISEASES.						
	ORDER 7. BONE AND MUSCLE DIS.						
	SYNOVITIS - - - -						
	ORDER 8. SKIN DISEASES.						
	PHLEGMON - - - -						
IV.	ORDER 4. DISEASES OF NUTRITION.						
	ATROPHY - - - -						
V.	ORDER 1. ACCIDENT.						
	ORDER 2. BATTLE.						
	ORDER 3. HOMICIDE.						
	ORDER 4. SUICIDE.						
	ORDER 5. EXECUTION.						
	Total - - - -						

Names of Men who have Died in and out of Hospital.

Regiment.	Regimental No.	Rank.	Names.	Ages. Years.	Service. Years.	Causes of Death.	Date of Death.	Place of Death.

Names of Men on Sick Furlough.

Regimental No.	Names.	Disease.	Date of going and period granted.	Place to which sent.	Date of Return.	State of Health on Return.

ABSTRACT.

Strength - - -	
Admitted - - -	
Discharged - - -	
Died in Hospital - -	
Died out of Hospital - -	
Remain - - - -	

Number of Hospital Diets during the Week - -

Remarks on the prevailing Diseases, and Sanitary Notes on the state of the Regiment, its Quarters, &c., and on any special causes of Disease.

Distribution of Medical Officers - { Surgeon at / Assistant Surgeon at / Assistant-Surgeon at

Sick Officers.

Strength of Officers present.

Rank and Names.	Diseases.	Date of being put on Sick List.	Date of being taken off Sick List.	Result.	Remarks.

Officers and Men of other Corps treated, but who are not included in the preceding Return.

Rank and Name.	Disease.	Date of Admission.	Date of Discharge.	Date of Death.	Remarks.

(Form **N.**)

CLASSIFIED RETURN OF WOUNDS AND INJURIES RECEIVED IN ACTION ON THE _____

N.B.—Separate Forms should be used for (1) *Officers and for* (2) *Non-commissioned Officers and Men.*

[*This Form may be used for various purposes where Returns of Wounds and Injuries are to be made, the headings being altered according to circumstances.*]

Regions of the Body Wounded or Injured.	ADMISSIONS. With Wounds or Injuries.									DEATHS Consequent on the foregoing Wounds and Injuries.								
	Total Wounded or Injured.	Projectile or Weapon by which the Wounds or Injuries were inflicted.								Total or Among Wounded Injured.	Projectile or Weapon by which the Wounds or Injuries were inflicted.							
		Cannon Ball.	Shell.	Grape Shot.	Rifle, Musket, Pistol Ball.	Sword Lance.	Bayonet.	Other or undetermined means.			Cannon Ball.	Shell.	Grape Shot.	Rifle, Musket, Pistol Ball.	Sword Lance.	Bayonet.	Other or undetermined means.	
ALL WOUNDS AND INJURIES.																		
1. WOUNDS of the HEAD																		
2. WOUNDS of the FACE																		
3. WOUNDS of the NECK																		
4. WOUNDS of the CHEST																		
5. WOUNDS of the ABDOMEN																		
6. WOUNDS of the BACK and SPINE																		
7. WOUNDS of the PERINEUM and GENITAL and URINARY ORGANS, not being Wounds of the Peritoneum																		
8. WOUNDS of the UPPER EXTREMITIES																		
9. WOUNDS of the LOWER EXTREMITIES																		
10. WOUNDS with direct injury of the LARGE ARTERIES, not being cases of compound fracture																		
11. WOUNDS with direct penetration or perforation of the LARGE JOINTS																		
12. WOUNDS with direct injury of the LARGE NERVES, not being at the same time cases of compound fracture.																		

N.B.—The Classification will be continued by the expansion of each of these 12 heads, so as to show the precise character of the Wounds and Injuries.

(Form O.)

CLASSIFIED RETURN OF WOUNDS AND INJURIES OF EVERY KIND RECEIVED IN ACTION ABROAD.

Admitted into the Hospital of_____ between the_____ of_____ and_____ of_____, 185___

N.B.—Separate Forms should be used for (1) *Officers and for* (2) *Non-commissioned Officers and Men.*

[*A separate Form may be used for Gunshot Wounds as distinguished from other Wounds.*]

Regions of the Body Wounded or Injured.	Remained on the ___ 185___.	Since Admitted.	Amputations.			Other Operations.	Died.	Discharged to Duty.	Transferred.		Remaining on the ___ 185___.
			Primary.	Secondary.	Excision.				To other Hospitals.	To England.	
ALL WOUNDS AND INJURIES -											
1. WOUNDS of the HEAD - - - - -											
2. WOUNDS of the FACE - - - - -											
3. WOUNDS of the NECK - - - - -											
4. WOUNDS of the CHEST - - - - -											
5. WOUNDS of the ABDOMEN - - - -											
6. WOUNDS of the BACK and SPINE - - -											
7. WOUNDS of the PERINEUM and GENITAL and URINARY ORGANS, not being Wounds of the Peritoneum - - - - - - - -											
8. WOUNDS of the UPPER EXTREMITIES - -											
9. WOUNDS of the LOWER EXTREMITIES - -											
10. WOUNDS with direct injuryof the LARGE ARTERIES, not being cases of compound fracture - - -											
11. WOUNDS with direct penetration or perforation of the LARGE JOINTS - - - - - -											
12. WOUNDS with direct injury of the LARGE NERVES, not being at the same time cases of compound fracture.											

N.B.—The Classification will be continued by the expansion of each of these 12 *heads, so as to show the precise character of the Wounds and Injuries.*

(Form P.)

CLASSIFIED RETURN of OPERATIONS performed and of DEATHS following them between the _____ day of _____ and the _____ day of _____ 185____, in the _____ Hospital.

Nature of Operations.			Operations performed.		Deaths following the foregoing Operations.	
			Primary.	Secondary.	Primary.	Secondary.
		TOTAL				
AMPUTATIONS.	UPPER EXTREMITIES.	Shoulder-joint				
		Arm				
		Fore-arm				
		Thumbs				
		Fingers				
	LOWER EXTREMITIES.	Hip-joint				
		Thigh — At upper third				
		Thigh — At middle third				
		Thigh — At lower third				
		Leg				
		Ancle-joint				
		Medio-tarsus				
		Tarso-metatarsus				
		Toes				
EXCISIONS.	UPPER EXTREMITIES.	_____				
		_____				
		_____				
		_____				
	LOWER EXTREMITIES.	_____				
		_____				
		_____				
		_____				
EXTRACTION OF BALLS AND OTHER FOREIGN BODIES						
TREPHINING						
LIGATURES OF ARTERIES		_____				
		_____				
		_____				
		_____				
OTHER OPERATIONS						

(Form Q.)

QUARTERLY REGISTER OF DEATHS,

To be transmitted by the Director-General to the Registrar-General of Births, Deaths, and Marriages, Somerset House, London.

Return of Deaths of Officers, Non-commissioned Officers, and Men belonging to the under-mentioned Regiments which have been reported to the Army Medical Department, in the Three Months ending the _____ day of _____ 185___.

No.	Regiment.	RANK.	NAME.	Completed Years of		When and where DIED.	CAUSE OF DEATH. (The primary and only the important Secondary Diseases should be stated, with the time between the attacks and deaths, in hours, days, or years.)
				AGE.	SERVICE.		

I certify that the foregoing is a true return.

(Signed) _____

Date _____ Director-General.

Note.—The death of every man reported to the Army Medical Department during the Quarter must be recorded in this Register. A Return of the Names, Ranks, and Ages of Officers, Non-commissioned Officers, and Men *missing and believed to be deceased*, must be transmitted with this Return on separate sheets. This Register should be made up for the Quarters ending 31st March, 30th June, 30th September, and 31st December, in each year.

X.—Administrative Forms.

Morning State of the Hospital of the Regiment.
stationed at 185

Strength at Head-Quarters.

Diseases.	Remained.	Since Admitted.	Discharged.	Died.	Remaining.	Remarks.	Vacant Beds.
Fevers							
Cholera							
Diarrhœa							
Dysentery							
Consumption							
Catarrh							
Scorbutic							
Rheumatic							
Venereal							
Ocular							
Boils							
Skin Diseases							
Intemperance							
Surgical							
Other Complaints							
Total							

Officers on the Sick Report.

Rank.	Names.	Diseases.	Admitted.	Discharged.	Remarks.

Table showing the number of Sick of each Company.

Grenadier.	No. 1.	No. 2.	No. 3.	No. 4.	No. 5.	No. 6.	No. 7.	No. 8.	No. 9.	No. 10.	No. 11.	No. 12.	Total.	Convalescent.

Names of Men who have died.

Regimental Number.	Name.	Co.	Disease.	Admitted.	Time of Death.

Officer Commanding
_____ Regiment,

Surgeon _____ Regt.

_____ Regt. of _____

Detachment at

To Dr.

For MEDICINES and ATTENDANCE as expressed in the following Return viz. :—

Period of Attendance.		Number of		Strength of the Detachment.					*Rate for each Person per Week.	Amount.
From	To	Weeks.	Days.	Officers.	Men.	Women.	Children.	Total.		

I certify that the number of persons and the periods of attendance above stated are correct; that the Sick were regularly attended by and that there was no Military Medical Officer on the spot, or within a reasonable distance.

_____ *Commanding Detachment.*

Received from the *of the* *Regiment of*

the Sum of

in payment of the above Account.

* 2*d.* per Week may be charged for each person up to 50 inclusive, and 1½*d.* per Week for each person above 50. But if the Medicines are supplied from the Regimental Medicine Chest, the allowance *for attendance* is 1½*d.* per Week for each person up to 50 inclusive, and 1*d.* per Week for each person above 50.

RETURN OF INVALIDS arrived at from on the in Medical charge of

Name of Ship or Transport, with Designation.	Date of Sailing from	Number Embarked.					Number Disembarked.					Number Died on the Passage.					Number admitted, on landing, into Hospital.				
		Regiments.	Officers.	Men.	Women.	Children.	Regiments.	Officers.	Men.	Women.	Children.	Regiments.	Officers.	Men.	Women.	Children.	Regiments.	Officers.	Men.	Women.	Children.

No. 2.

RETURN of INVALIDS.

Arrived at

from

on the

in Medical Charge of

FORM of BILLS of Private Practitioners. (*See* Regulation 23, page 38.)

_____ *Regiment.* _____ 185__.

Dr. to

Rank.	Patient's Name.	Date.	Disease.	Daily Prescriptions, Visits, &c.	Charges. £	Charges. *s.*	Charges. *d.*	Certificate to be signed by the Commanding Officer.
								I hereby certify, that was attended by Mr. at for the period from to and that no Staff or Regimental Medical Officer could be procured on the spot, or within a reasonable distance; and further, that the distances charged in each Visit are correct. _____ _____ [Charges are not admitted for attendance on Officers; nor Women in Childbirth; neither for Soldiers on common Furlough, unless taken ill on the Route to rejoin their Corps, in which case particulars must be furnished. When charges are made for Visits, the distance must be stated, or the Bill will be sent back for correction.]

RETURN of Men belonging to the Regiment under Three Years' Service, who are proposed for Examination in consequence of being considered not likely to become efficient Soldiers.

Number.	Rank and Name.	Age.		Size.		Service.			Name of the Medical Officer by whom originally approved as a Recruit.	Date on which approved as a Recruit.	Place at which approved as a Recruit.	Brief Account of the Cause and Degree of each Man's Disability.	Observations of the Medical Staff Officer.
		Years.	Months.	Feet.	Inches.	Years.	Months.	Corps.					

Signature of the Surgeon.

Signature of the Commanding Officer.

QUARTERLY RETURN of SICK and WOUNDED SEAMEN and MARINES received into the Hospital of the at , between the and the .

Ship's Names.	No. on Ship's Books.	Name.	Quality.	Disease.	Received.		Disposed of.		Number of Days under Treatment.
					When.	Whence.	How.	When.	

The Sick Lists or Tickets, or the Conduct Lists properly filled up on board the Ship, should be sent with the Men on shore, and transmitted with this Account.

If the Effects of the deceased Men are sold by the proper Officer on shore, the amount thereof, with any Cash left by the Men, is to be deducted from the total amount of Hospital Claim on this List.

N.B.—All the columns, more especially that showing the disposal of the Men, should be carefully and correctly filled up.

I do hereby Certify, that the above is a true and just account of the Sick and Wounded Seamen received into and victualled in the Hospital at between the 18 , and that the Amount of Effects sold and Cash left by the deceased Men, is correctly stated as above.

Dated at this day of 18 .

Principal Medical Officer.

RETURN of PROFESSIONAL BOOKS and FORMS of the Regiment, from of
185 , to of , 185 , stationed at and of the Books and Forms required for the
Half-year, from the of 184 , to the of , 185 . *

No.	Medical Case Book.	Diary Ward Book.	Admission and Discharge Book.	Medical Histories Book.	Medical Certificate Book.	Registers of Recruits and Invalids.	Register of Small Pox Vaccination.	Letter Book.	Bed-head Tickets.	Morning States.	Weekly Sick Returns.	Quarterly Sick Returns.	Annual Sick Returns.	Returns of Wounds.	Returns of Operations.	Returns of Medicine.	Do. Requisition for Medicines.	Do. Requisition for Instruments.	Do. Returns of Books & Forms.	Requisition for Steel Trusses.	Private Practitioners' Bills, No. 4.	Diet Tables and Rolls, No. 1.	Abstract of Diet Tables, No. 2.	Abstract of Diets for Purveyor and Cook, No. 3.	Extras, No. 4.	Stoppage Return.		
In hand the of 185																												
Received from the War Office the day of 185																												
TOTAL - - -																												
Expended during the Half-year																												
Remain the of 185																												
* Required for the current Half-year - - - - -																												

Regiments and their Detachments, and also Reserves of Infantry Regiments, are to be provided with Bed-head Tickets, and Letter Books, out of the Regimental Fund. Depôt and District Hospitals are furnished half-yearly with Bed-head Tickets from the War Office.

Private Practitioners' Bills for Professional Services, not remunerated under the established Contract rates, are to be made out and transmitted, in the printed Forms now adopted for the purpose.

Surgeon.

185 .

When filled-up Professional Books and Returns have accumulated so as to render a diminution of them necessary, a Report in duplicate of their descriptions, quantities, and dates, is to be transmitted to the Director-General, stating the circumstances under which a transfer of them is sought for.

* For the Commanding Officer, to enable him to include the Forms required in his demand on the War Office.

Half-Yearly Return of Medicines.

RETURN OF MEDICINES.	Remained of 184 , as per last Return.	Since received from			Total.	Expended.	Remaining day of 184 .	Required for the Half-Year ending 184 , as per accompanying Requisition, in Duplicate.	From 18 . To 184 . Strength
Station		as per Invoice, dated 184 .							No. of sick now in Hospital - No. of Hospital Diets consumed during the period of this Return -
	lb. oz.	lb. oz.			lb. oz.	lb. oz.	lb. oz.	lb. oz.	
Acaciæ contrit. - -									
Acid. acetic - -									
—— hydrochlor. -									
—— Hydrocyan. dil. -									
—— nitric - -									
—— sulphuric - -									
—— tannic - -									
—— tartar. contr. -									
Æther chloric - -									
Aloes - - -									
Alum - - -									
Ammoniac. - -									
Ammoniæ hydrochlor.									
——— sesquicarb. -									
Anthemidis - -									
Antimon. oxysulphur. -									
——— potassio-tart.									
Aq. distill. - -									
Argenti nitrat. - -									
Bismuth nitr. - -									
Borax - - -									
Camphor. - -									
Cerat. calaminæ - -									
—— resinæ - -									
—— saponis - -									
Chloroform - -									
Confect. aromatic, species pro -									
——— opii, ditto -									
——— rosæ gallicæ -									
Copaib. - -									
Creasotum - -									
Cubeb. contrit. -									
Cupri sulph. - -									
Digitalis fol. contrit. -									
Emplastr. cantharidis -									
——— resinæ - -									
Extract. belladonnæ -									
——— colchic. acet. -									
——— colocynth. co. -									
——— conii - -									
——— hyosciami -									
——— opii purif. -									

HALF-YEARLY RETURN OF MEDICINES—*continued.*

ARTICLES.	Remained per last Return. of 184 , as	Since received from			Total.	Expended.	Remaining day of 184 -	Required for the Half-Year ending 184 , as per accompanying Requisition, in Duplicate.	REMARKS.
		per Invoice, dated 184 . as							
	lb. oz.	lb. oz.			lb. oz.	lb. oz.	lb. oz.	lb. oz.	
Extract sarzæ - -									
Ferri ammonio citrat. -									
—— et quinæ citrat. -									
—— sesquioxyd. -									
—— sulph. - -									
Glycerina - - -									
Glycyrrhiza - -									
Guaiaci lign. ras. -									
——— resin. - -									
Hydrarg. bichlorid. -									
——— chlorid. - -									
——— nitrico-oxyd. -									
——— cum cretâ -									
Iodin. - - -									
Ipecacuanhæ contr. -									
Jalapæ contr. - -									
Lini semin. farinæ -									
Liniment. saponis -									
Liqnor. ammoniæ -									
——— plumbi diacetatis									
——— potassæ - -									
——— potass. arsenit.									
——— sod. chlorin. -									
Magnesiæ carbon. -									
——— sulphat. exsic. -									
Mezerei - - -									
Morph. acetat. -									
——— hydrochlor. -									
Ol. carui - - -									
— menthæ piperitæ -									
— olivæ - - -									
— ricini - - -									
— terebinthinæ -									
— tiglii. - -									
Opii duri contrit. -									
Picis abietin - -									
Pilul. hydrargyri -									
—— rhei comp. -									
Plumbi acet. - -									
Potass. acet. - -									
——— bicarbon. -									
——— bitart. contr. -									
——— carbon. -									

HALF-YEARLY RETURN OF MEDICINES—*continued.*

ARTICLES.	Remained per last Return, 184 , as of	Since received from			TOTAL.	Expended.	Remaining day of 184 .	Required for the Half-Year ending 184 , as per accompanying Requisition, in Duplicate.	REMARKS.
		per Invoice, dated 184 . as							
	lb. oz.	lb. oz.			lb.oz.	lb.oz.	lb.oz.	lb. oz.	
Potass. hydrat. - -									
——— nitrat. - -									
Potassii iodid. - - -									
Pulv. antimonii comp. -									
——————— jacobi -									
—— cinnamoni comp. -									
—— cretæ comp. - -									
—— —— c. opio - -									
—— ipecacuanhæ comp. -									
—— kino comp. - -									
Quassiæ concis. - -									
Quinæ disulph. - -									
Rhei contrit. - - -									
Sarzæ concis. - - -									
Sassafras concis. - -									
Scammon. contrit. - -									
Scillæ recens exs. contr. -									
Sennæ - - - -									
Sinapis pulv. - - -									
Sodæ carbon. - - -									
—— potassio-tart. - -									
—— sesquicarb. - -									
—— sulph. - - -									
Spirit. æther. nitric. - -									
——————— sulph. c. -									
—— ammon. arom. - -									
—— rectificat. - -									
Sulphur. - - -									
Syrupus ferri iodidi -									
Tinct. camphor. comp. -									
—— cantharid. - -									
—— catechu comp. - -									
—— cinchon. comp. -									
—— colchici - - -									
—— digitalis - - -									
—— ferri sesquichlor. -									
—— gentian. comp. -									
—— hyosciami - -									
—— iodinii comp. -									
—— myrrh. - - -									
—— opii - - - -									
—— rhei comp. - -									
—— scillæ - - -									

HALF-YEARLY RETURN OF MEDICINES—*continued.*

ARTICLES.	Remained of 184 , as per last Return.	Since received from			TOTAL.	Expended.	Remaining day of 184 .	Required for the Half-Year ending 184 , as per accompanying Requisition, in Duplicate.	REMARKS.
		as per Invoice, dated 184 .							
Tinct. sennæ comp. - -									
Vin. antim. potassio-t. -									
—— colchici - - -									
—— ipecac. - - -									
—— opii - - - -									
Ung. cetacei - - -									
—— hydrarg. fort. -									
—— nitrat. -									
Zinci sulph. - - -									
Zingiber. contrit. - -									
MEDICINE CHESTS.									
Regimental - - -									
Detachment - - -									
The Condition of the Public Instruments must be stated under "Remarks." — Full sets of capital instruments - - -									
Portable sets of ditto									
Cupping instruments - - sets									
—— scarificators - - No.									
Elastic gum catheter - - No.									
Stomach pumps - ,,									
Stethoscopes - ,,									
Syringes urethra ,,									
—— clyster and pipes - ,,									
Spare pipes for ditto - - ,,									
Flannel for fomenting, yd.									
Surgeons' sponges - No.									
Bandages, calico - ,,									
—— flannel - ,,									
—— 18-tailed - ,,									
Suspensory bandages - ,,									
Steel trusses - - ,,									
Ditto, double - - ,,									
Blood porringers - ,,									
Broad tape - - pieces									
Thread for ligatures - oz.									
Common splints - sets									

Half-Yearly Return of Medicines—*continued.*

ARTICLES.		Remained of 184 , as per last Return.	Since received from			Total.	Expended.	Remaining day of 184 .	Required for the Half-Year ending 184 , as per accompanying Requisition, in Duplicate.	REMARKS.
			per Invoice, dated as 184 .							
Spreading spatula -	No.									
Pot ditto - -	No.									
Bolus knife - ..	,,									
Counter scissors -	,,									
Corkscrews .. -	,,									
Lint, fine - -	lb.									
—— 2nd - -	,,									
Surgeon's tow - -	,,									
Skins of leather - -	No.									
Old linen sheets -	,,									
New linen spread with adhesive plaster -	yds.									
Ditto ditto, soap cerate	,,									
Oiled cloth - -	,,									
Pins - -	papers									
Grain scales and weights - -	sets									
Ounce ditto and ditto	,,									
Graduated glass measure - -	No.									
Minim ditto - -	,,									
Ounce measures -	,,									
Bolus tile - -	,,									
Composition mortar and pestle - -	,,									
Tin panakin - -	,,									
— funnel - -	,,									
Pill boxes - -	,,									
Vials, in sorts - -	doz.									
Gallipots, in ditto -	,,									
Vial corks - -	gross									
Pint and quart corks	doz.									
Packthread - -	oz.									
Dressing trays - -	No.									

Note 1. This Return is to be transmitted, in duplicate, at an intermediate period, when a Regiment or Depôt proceeds from Great Britain to Ireland or abroad.

Note 2. If any of the public instruments are unserviceable, or in an incomplete state, the causes and extent of such defects, and under whose charge they occurred, must be stated in this Return.

Signature.

REQUISITION for MEDICINES, &c., for the use of

stationed at from to .

MEDICINES.	OBSERVATIONS.	MEDICINES.	OBSERVATIONS.
lb. oz.		lb. oz.	
Acaciæ contrit. -		Extract hyosciami -	
Acid. acetic. - -		——— opii purif -	
——— hydrochlor. -		——— sarzæ -	
——— hydrocyan dil.		Ferri amm. cit. -	
——— nitric. -		—— et quinæ citrat.	
——— sulphuric. -		—— sesquioxyd. -	
——— tannic -		—— sulph. - -	
——— tartar. contr.		Glycerina - -	
Æther. chlor. -		Glycyrrhizæ - -	
Aloes - - -		Guaiaci lign. ras. -	
Alum - -		——— resin. -	
Ammoniac - -		Hydrarg. bichlorid. -	
Ammoniæ hydrochlor.		——— chlorid. -	
——— sesquicarb.		——— nitrico-oxyd.	
Anthemidis - -		——— ē Cret. -	
Antimon. oxysulphur.		Iodin - - -	
——— potassio-tartr.		Ipecacuanhæ contr. -	
Aq. distill. - -		Jalapæ contr. -	
Argenti nitrat. -		Lini semin. far. -	
Bismut. nitr. -		Liniment. saponis -	
Borax - -		Liquor. ammoniæ -	
Camphor - -		——— plumbi diacet.	
Cerat. calaminæ -		——— potassæ	
—— resinæ - -		——— potas. arsenit.	
—— saponis - -		——— sod. chlorin.	
Chloroform - -		Magnesiæ carbon. -	
Confect. aromatic, spe-		——— sulphat. -	
cies pro -		Mezerei - -	
——— opii, ditto -		Morph. acetat. -	
——— rosæ gallicæ		———hydrochlor.	
Copaib. - -		Ol. carui - -	
Creasotum - -		— menthæ piperitæ -	
Cubeb. contrit. -		— olivæ - -	
Cupri sulph. -		— ricini - -	
Digitalis fol. contrit.-		— terebinthinæ -	
Emplastr. cantharidis		— tiglii - -	
——— resinæ -		Opii duri contrit. -	
Extract. belladonnæ		Picis abietin - -	
——— colchic. acetic -		Pilul. hydrargyri -	
——— colocynth. comp.		—— rhei comp. -	
——— conii - -		Plumbi acet. -	

REQUISITIONS FOR MEDICINES, &c.—*continued.*

MEDICINES.	lb.	oz.	OBSERVATIONS.	MEDICINES.			OBSERVATIONS.
Potass. acet.				Tinct. myrrh.			
——— bicarbon.				—— opii			
——— bitartr. contr.				—— rhei comp.			
——— carbon.				——scillæ			
——— hydrat.				——sennæ comp.			
——— nitrat.				Vin.antim. potassio-tart.			
Potassii iodid.				Vin. colchici			
Pulv. antimonii comp.				—— ipecac.			
——————— Jacobi				—— opii			
—— cinnamoni comp.				Ung. cetacei			
Pulv. cretæ comp.				—— hydrarg. fort.			
—— c. opio				——————— nitrat.			
——ipecacuan.comp.				Zinci sulph.			
—— kino comp.				Zingiber. contrit.			
Quassiæ concis.							
Quinæ disulph.							
Rhei contrit.				Lint, fine		lb.	
Sarzæ concis.				—— 2nd		„	
Sassafras concis.				Surgeon's tow		„	
Scammon. contrit.				Skins of leather		No.	
Scillæ recen. exs. cont.				Old linen sheets		„	
Sennæ				New linen, spread with adhesive plaster		yds	
Sinapis pulv.				Ditto, ditto, soap cerate		„	
Sodæ carbon.				Oiled cloth		„	
——potassio-tar.				Pins	papers		
——sesquicarb.				Grains, scales and weights	sets		
——sulph.				Ounce ditto and ditto		„	
Spirit. æther. nitric.				Graduated glass measure		No.	
——————— sulph. c.				Minim ditto		„	
—— ammon. arom.				Ounce measures		„	
—— rectificat.				Bolus tile		„	
Sulphur.				Composition mortar and pestle		„	
Syrupus ferri iodidi				Tin panakins		„	
Tinct. camphor. comp.				—— funnels		„	
—— cantharid.				Pill boxes	papers		
—— catechu comp.				Vials, in sorts	doz.		
—— cinchon. comp.				Gallipots, in sorts	„		
—— colchici				Vial corks	gross		
—— digitalis				Packthread	oz.		
—— ferri sesquichlor.							
—— gentian. comp.							
—— hyosciami							
—— iodinii comp.							

Signature.

Army Medical Department,
Approved to be supplied by 184 .

Director-General.

The above-named Medical Stores were received on the day of 185 ; they were unpacked in presence, and carefully examined by and certify that they are of good qualities, well conditioned, and correspond with the Invoice.

M

REQUISITION for INSTRUMENTS, &c., for the use of
from 184 , to 184 .

ARTICLES.		REMARKS.

Signature.

Army Medical Department . 184 .

Approved to be supplied by

Director-General.

The above-named Medical Stores were received on the day of 185 ; they were packed in presence, and carefully examined by and certify that they are of good qualities, well conditioned, and corresp ond with the Invoice.

MEDICAL STORES for the use of

ARTICLES.	lb.	oz.	ARTICLES.	lb.	oz.

Signature.

Army Medical Department 185 .

Approved to be supplied by

Director-General.

The above-named Medical Stores were received on the day of 185 ; they were unpacked in presence, and carefully examined by and certify that they are of good qualities, well-conditioned, and correspond with the Invoice.

No.

REQUISITION for STEEL TRUSSES, for the use of the stationed at

Description.	Number required.	Dimensions in Inches.	For whom required.	Estimated Price if purchased on the spot.
Right Side -				
Left Side -				
Double - -				

Surgeon

185 .

Army Medical Department, day of 185 .

Approved to be supplied by

Director General.

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certify that the above-named Truss received on the day of 185 , and found, on careful examination, to be of good quality, well-conditioned, and correspondent with the Invoice.

N.B.—If Trusses are required for services 50 miles or upwards from London, the price at which each Truss can be purchased on the spot is to be stated in the last column; and if approved to be so purchased, the amount is to be charged in the next Hospital Account.

Return of Men proposed on Account of Disease to be discharged the Service, or sent Home for Change of Climate.

This Form is required in triplicate; one for the Army Medical Department; one for the Invalid Depôt; one for the Commanding Officer.

Regiment of

RETURN of MEN proposed on Account of Disease to be discharged the Service, or sent Home for Change of Climate.

Date of Embarkation.	Regimental No.	Regiment.	Name.	Age.	Period of Service.		On Station.	Disease, or Medical Reasons for Discharge, with Particulars.	Summary of previous Treatment.	Recommended.		REMARKS.
					Years.	Months.	Years.			For Discharge from the Service.	For Change of Climate.	

Men appointed to act as Servants during the Voyage.

Regimental Number.	Regiments.	NAMES.	Date of Appointment.

No. 1.

Regiment _____

RETURN OF INVALIDS,

From

Station

185

Name of Ship

Designation ; as Queen's Ship, &c.

Name and Rank of Medical Officer in Charge

Note.—The Senior Medical Officer or Regimental Surgeon is to be very careful and exact in filling up this Return, which is to be signed by himself, and bear the approval of the Commanding Officer.

The Return must invariably be made out in triplicate; one to be sent to the Army Medical Board, the others to be delivered to the principal Medical Officers of the Station, where the Invalids are landed.

This Form is required in duplicate, one for the Army Medical Department; one for the Invalid Depôt.

Station_____ 18 .

GENERAL RETURN of Invalids, and of Men whose health may be benefited by a removal to Europe examined by a Medical Board held by order of_____

No.	Regiments.	NAMES.	Age.	Length of Service.		Years on Station.	Recommended		DISEASES.	Duration of Disease.	Summary of Previous Treatment.
				Years.	Months.		For Discharge from the Station.	For Change of Climate.			

ARMY HOSPITAL CORPS.

RETURN of a Detachment of the above Corps stationed at _____
for the Month ending _____

_____ 185___

DISTRIBUTION.	Serjeants Major (Stewards).	Company Serjeants (Wardmasters).	Serjeants (Assistant Stewards).	Serjeants (Cooks).	Serjeants (Assistant Wardmasters).	Privates (Orderlies).	Total.
Total - - -							

LIST of MEN who have joined the Detachment during the Month.

Regl. No.	Rank and Names.		Date of Joining.	Remarks.

Increase and Decrease during the last Month.

Effective on							Cause of Increase.					Cause of Decrease.							Effective on						
Stewards.	Wardmasters.	Assistant Stewards.	Cooks.	Assistant Ward-masters.	Orderlies.	Total.	Joined from	Joined from	Joined from	Transfers from other Corps.		Total.	Dead.	Discharged.	Deserted.	Transfers given to other Regiments.	Sent to		Sent home.	Total.	Stewards.	Wardmasters.	Assistant Stewards.	Cooks.	Assistant Ward-masters.	Orderlies.	Total.

List of Men who have been tried by Courts-Martial during the Month.

Regimental No.	Rank and Names.	Description of Court.	Date of Trial.	Offence.		Sentence.	Dates of			Remarks.
				Nature of.	Date of.		Original Confinement.	Imprisonment.	Release.	

Nominal List of the Detachment.

No.	Rank.	Names.	Where employed.	Remarks.

List of Men who have been Promoted during the Month.

Regimental No.	Rank and Names.		To what Rank.	Date of Promotion.	By whose Authority Promoted.

ARMY HOSPITAL CORPS.

Monthly Return of Detachment stationed at _____

From _____ to _____ 185

[This Return to be prepared in duplicate, one copy to be forwarded to the Officer Commanding the Depôt at Chatham, and the other to the Director-General, Army Medical Department, Whitehall Yard, so as to arrive on the 28th of each month.]

List of Men who have become Non-effective with the Detachment during the Month.

Regimental No.	Rank and Names.	Date of becoming Non-effective.	Cause.

List of Defaulters during the Period.

Regimental No.	Rank and Name.		Crime.	Sentence.

RETURN of the Arrivals and Departures of Medical Officers in the Command, from 1st January 18
to 31st December 18 , inclusive.

Name.	Rank.	Date of leaving previous Command.	Date of Arrival in the Command.	Left the Command.		If otherwise disposed of, how and Date.
				On the	For what Station.	

MEMORANDUM.

This Return is to include only the Names &c., of such Officers of the Department as may *actually* arrive at or leave the Command, or be otherwise disposed of (by Death, Resignation, &c.) during the Year.

And it is requested that the several particulars required may be accurately given to prevent the necessity of sending back the Return for correction.

For the purposes of this Return the following are to be considered as separate Commands :—

The United Kingdom.	Ceylon.
Canada.	New South Wales.
Nova Scotia.	Van Diemen's Land.
Newfoundland.	New Zealand.
Bermuda.	China.
Bahamas.	Bengal.
West Indies.	Madras.
Jamaica.	Bombay.
Honduras.	West Coast of Africa.
St. Helena.	Gibraltar.
Cape.	Malta.
Mauritius.	Ionian Isles.

18 .

ARRIVALS AND DEPARTURES

OF

MEDICAL OFFICERS.

(*Station*) _____

Received _____ 18 .

MONTHLY RETURN of the Hospital Staff in the Command,
from to 185 .

Rank.	Names.	Stations.	Arrival in the Command.	Fit for Duty.	Unfit for Duty.	On Leave.	How employed.

MONTHLY RETURN of the Regimental Medical Staff, serving in the Command, from to 185 .

Regiment.	Strength.	No. of Sick.	Names and Ranks of Medical Officers.	Station.	Arrived in the Command.	Remark.

NOTE.—The Surgeon and Assistant-Surgeons to be always accounted for; and when any are absent "Sick," or on account of "Private affairs," it is to be stated, and the period from_____to_____to be inserted against the name; and if the cause of absence be ill health, the disease and period sick is to be mentioned. It is also required that the number of officers, women, and children, of all departments, be inserted in red ink in the respective order of *Staff* or *Regimental*. When the Surgeon or Assistant-Surgeon is at home with the Depôt, the period of absence from the Service Companies must be inserted against his name.

GENERAL DISTRIBUTION of the Medical Staff Officers serving in the Command, 185 .

Stations.	Force.		Stations of Hospitals.	Medical Officers, and the Particular Charge assigned.
	Regiment.	Strength.		

NOTE.—When the Sick are not accommodated near the Station of the Regiment, mention to what Hospital they are sent. Civil Practitioners are not to be employed if it can be avoided, but if not, their names must be stated, the rate of remuneration granted, and the reasons given for their employment. If none are employed, it must be stated in the Return.

GENERAL MONTHLY RETURN

OF

MEDICAL OFFICERS

in the

Command, with Distribution of Troops and particular Allotment of Duties.

185 .

Received 185 .

Civil Practitioners employed.

Names.	Rate of Pay.	Period. From.	Period. To.	Station.	Reasons for Employment.

Abstract.

—	Inspector-General.	Deputy Inspector-General.	Surgeons Major.	Staff Surgeons.	Regimental Surgeons.	Assistant Staff Surgeons.	Assistant Regimental Surgeons.	Apothecaries.	Dispensers.	Purveyors or Deputies.	Purveyor's Clerks.	—
ESTABLISHMENT.												
Present and fit for Duty												
Present Sick - - -												
Absent with Leave -												
Total - - -												
Wanting to complete -												

Note.—Care must be taken to send home every Officer exceeding the number allowed for the Station.

ANNUAL RETURN of Civil Practitioners employed in the Command from to .

Names.	Stations.	Rates of Pay.	Period.		Remarks.
			From	To	

Principal Medical Officer.

EXTRACT FROM NAVY REGULATIONS.

The following is the proportion of Medical Comforts, &c., and of Lemon-juice and Sugar to be demanded for Troops when embarked.

Station.	Medical Comforts.										Chloride of Zinc.	Lemon-juice and Sugar.	
	Sugar.	Tea.	Scotch Barley.	Sago.	Arrowroot.	Wine.	Preserved Meats.	Preserved Potatoes or Rice.	Essence of Beef.	Soap.		Lemon-juice.	Sugar.
	lbs.	lbs.	lbs.	lbs.	lbs.	bot.	lbs.	lbs.	½pts	lbs.	lbs.	lbs.	lbs.
To or from Jamaica, the Leeward Islands, and Canada, for every 100 persons embarked -	30	4	18	6	4	12	29	8	60 for every 100 troops embarked.	7	15 lbs. for every 100 tons the vessel measures to all places except Gibraltar, for which only that quantity only is to be supplied.	110	110
To or from Gibraltar, Mediterranean, and Halifax, ditto -	30	4	18	6	4	12	29	8		7		44 to 65	44 to 65
To or from the Cape of Good Hope and St. Helena, ditto -	50	8	30	12	8	24	46	12		10		175	175
To or from the Mauritius, Ceylon, and New South Wales, ditto - - - -	60	12	40	18	12	36	70	18		14		350	350

See Chap. II., Art. 6.

Art. 6.

When the ship shall be about to proceed to sea, the Paymaster is to demand Medical Comforts for the use of the Sick, according to the above Scale, and when Troops are received on board for passage, he is also to demand supplies of Medical Comforts, &c., and of Lemon-juice and Sugar, for their use, as directed in the same scale.

SCALE OF VICTUALLING FOR TROOPS FROM ENGLAND TO INDIA.

FOR A MESS OF SIX MEN PER WEEK TO BE SERVED OUT DAILY.

For Two Days	Beef*	12 lb.
	Flour	5 lb.
	Suet	1 lb.
For One Day	Preserved Meat†	4½lb.
	Mixed Vegetables	1 oz.
	Rice	3 lb.
For Three Days	Pork,* 3 Pieces, or	18 lb.
	Pease	6 pints.
	Patent preserved Potato	2 lb. 4 oz.

For One Day	Flour	5 lb.
	Suet	¾lb.
	Plums	1 lb. 11 oz.
For Seven Days.	Ground Pepper	1½oz.
	Mustard	¼lb.
	Biscuit	30 lb.
	Salt Butter	1½lb.
	Tea	1 lb.
	Sugar (crushed)	9 lb.
	Vinegar	3 pints.
	Best London Porter	42 pints.
	Pickled Cabbage, or Mixed Pickles	2½pints.
	Lime-Juice	21 oz.

WATER at the rate of Seven Pints per Man per Day, for Twenty Weeks. To cover Wastage, five per cent. on the total quantity of water is to be shipped.

LIME-JUICE in Stone Jugs at the rate of Four and a-half pints per Man for the voyage out.

PICKLES to be shipped in Five-Gallon Jars for every 100, and in Two-Gallon Jars if a lesser number than 100.

PEPPER to be packed in 1 lb. bottles.

FRESH BEEF OR MUTTON to be issued to the Troops when procurable; 1¼ lb. per Man per Day, with Vegetables and Oatmeal for the Soup. The Troops are to be victualled for the Day of Embarkation, and the Ship is to have on board at least Two Days' allowance of Fresh Provisions and Vegetables for the Troops on leaving , and every other Port.

PATENT PRESERVED POTATO, equivalent to ½ lb. to each Man of the cooked Vegetable, to be served out on Three Days in each Week when Salted Pork is issued.

COMPRESSED MIXED VEGETABLES, equal to 1 oz. per Man, to be issued on the day that the Preserved Meat is served out.

BUTTER to be best Second Pickled Cork Butter, each Firkin to be calculated at 65 lb. net weight of Butter.

BISCUIT to be of the Quality of Navy Biscuit, the net weight of Biscuit to be marked on each package, either Barrels or Cases.

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* Prime new India Beef of the cure of any country, and Prime new India Pork of the cure of any country except America. The Beef and the Pork must be *fresh cured*.

† The preserved meat being of two kinds—Beef and Mutton in Tins of 4½ lb. each, separately cured and packed in flat wooden cases, to be issued alternately.

QUANTITIES FOR EACH MAN PER DAY.

—	Beef.	Flour.	Suet.	Plums.	Pork.	Pease.	Preserved Meat.	Rice.	Compressed mixed Vegetables.	Biscuits.	Salt Butter.	London Porter.	Water.	Preserved Potato, Uncooked.	Sugar.	Tea.	Vinegar.	Mustard.	Potatoes.	Pickles.	Pepper, ground.	Salt.	Lime-Juice.
	oz.	oz.	oz.	oz.	oz.	pints.	lb.	lb.	oz.	lb.	oz.	pint.	pints.	oz.									
Sunday	16	$6\frac{2}{3}$	$1\frac{1}{3}$	..	..	A pint per Man per Week.	..	..	..	5 lb. per Man per Week.	4 oz. per Man per Week.	1	7	..	$1\frac{1}{2}$ lb. per Man per Week.	1 lb. for a Mess of Six Men per Week.	3 pints for a Mess of Six Men per Week.	$\frac{1}{4}$ lb. for a Mess of Six Men per Week.	2 lb. for each Man per Day, whenever procurable, in lieu of Flour and Suet, Pease, or Rice.	$2\frac{1}{2}$ pints of Pickled Cabbage or Mixed Pickles for a Mess of Six Men per Week.	$1\frac{1}{2}$ oz. for a Mess of Six Men per Week.	2 oz. per Day when Preserved or Fresh Meat is issued.	$\frac{1}{3}$ oz. Lime-Juice, mixed with 1 oz. Sugar, and $\frac{1}{4}$ oz. of Water.
Monday	..	..	..	..	16		..	..	..			1	7	2									
Tuesday	..	$13\frac{1}{2}$	2	$4\frac{1}{2}$	..		..	..	..			1	7	..									
Wednesday	..	..	..	..	16		..	..	..			1	7	2									
Thursday	16	$6\frac{2}{3}$	$1\frac{1}{3}$	..	..		..	..	..			1	7	..									
Friday	..	..	..	..	.		$\frac{3}{4}$	$\frac{1}{2}$	1			1	7	..									
Saturday	..	..	..	..	16		..	..	..			1	7	2									

N.B.—Women receive the same rations as Men, with the exception of Porter, half that ration only being allowed to Women. Children receive half-rations.

The Porter to be in BARRELS when the number of Persons is 60 or under, and in HOGSHEADS when the number is above 60 or under 160.

Five per cent. on the total quantity of Porter to be added for Wastage.

DAILY MEALS.

BREAKFAST : Biscuits, Tea and Sugar. DINNER : According to the above scale. SUPPER : Biscuits, Tea, and Sugar.

List of other Articles to be provided by the Owners for the Troops, viz.:—

- 6 Strong Iron Spoons.
- 1 Ditto Wooden Mess Kid, to hold 1½ gallons, with 2 iron hoops and iron bale.
- 1 Ditto Tin Dish, 14 in. by 11, and 3 in. deep, with wire handle.
- 1 Ditto Bread-basket to hold 5 lb.
- 1 Ditto Tin Quart Pot.
- 1 Ditto Half-pint Mustard-pot.
- 2 oz. of Salt per day, when Preserved or Fresh Meat is issued.

For each Mess of Six Persons.

To be numbered from 1 upwards to the extent of the Messes.

- 1 Strong net to hold 12 lb. Potatoes.
- 1 Ditto Bag to hold 30 lb. Biscuits.
- 1 Ditto Pudding-Bag 16 inches by 10 inches, with String and No. 8 Canvas.
- 1 Ditto Keg, to hold 3 imperial gallons, slung, with nozzle and bung attached, and with 4 iron hoops.
- 1 Tin Pepper-box.
- 1 Tin Pickle dish.

The boilers for the Troops to hold at the rate of half-a-gallon imperial per Man.

- 9 Scrapers.
- 9 Swabs (of good size), 12 lb. each.
- 36 Birch Brooms.
- 3 Long-handled Scrubbers.
- 4 Horse-buckets to hold 5 gallons each.
- 1 Steep-tub, 60 gallons.
- 1 Scuttle-butt, 120 gallons.
- 2 Shovels.
- 9 Wash-deck Buckets, stropped.
- 2 Tin Quart Funnels.
- 1 Hanging Stove for drying decks.
- 1 Canvas Screen, for use of women when washing themselves, 8 yards long by 5 breadths wide, and to be No. 6 Canvas.
- 1 Set Pewter Measures } Imperial and stamped and with Letter M. on.
- 1 Ditto Wood
- 2 Ditto Tin.

For every 100 Persons or under, and a proportionate quantity of each article when above 100 Persons.

What may be required for the use of the sick bay to be drawn from these articles.

- 2 Sets Iron Weights 7 lb. to 1 oz. } Standard and stamped.
- 2 Pair Tin Flour-scales.
- 2 Copper Pumps, with Screws and 2 spare feet.
- 1 Bilboa Bolt 8 feet long, } With locks and keys.
- 1 Ditto, 6 feet, }
- 3 Pair Shackles.
- 3 Pair Handcuffs.
- 1 Tin Oil-filler.
- 1 Pewter Bed-pan.
- 2 Wooden Close-stools, complete.
- 5 Chamber-pots.
- 1 Urinal.
- 3 Spitting-cups.

6 Large or Bull's Eye Lanterns, with Lamps, and secured with lock and key, when Troops go on Orlop Deck; and 4 when they go betwixt decks; with 4 gallons of oil for each lamp, in tins, and cotton for wicks.

1 Rice-sieve, brass wire. 1 Bread-sieve.

Water Butts to contain 150 imperial gallons each.

One third of the number to be of	1 inch	stave and heading, and	1½ inch hoop.
Two thirds ditto	$\frac{7}{8}$ inch	ditto	$1\frac{3}{16}$ ditto.
Porter Butts and Hogsheads	$\frac{7}{8}$ inch	ditto	$1\frac{5}{16}$ ditto.

INVOICE of MEDICINES, &c., for the use of a Strength not exceeding 400 Men, on a Voyage to India.

	lb.	oz.	Observations.
Acaciæ Contrit.	1	0	
Acid, Acetic	1	0	
—— Hydrochlor	0	4	
—— Nitric.	0	4	
—— Sulphuric.	0	4	
—— Tannic.	0	4	
—— Tartar, Contr.	0	8	
Ætheris Chloric.	0	4	
Aloes	0	1	
Alum.	0	4	
Ammoniac	0	2	
Ammoniæ Sesquicarb.	0	4	
Antimon. Potassio-tartr.	0	2	
Aq. Distill.	0	8	
Argenti Nitrat.	0	1	
Camphor	0	2	
Cerat. Calaminæ	0	8	
Chloroform	0	4	
Confect. Aromatic	0	2	
——— Rosæ	0	3	
Copaibæ	3	0	
Creasot.	0	1	
Creta pptæ.	1	0	
Cubeb. Contrit.	3	0	
Cupri Sulph.	0	3	
Emplastr. Cantharidis	2	0	
——— Resinæ	0	8	
Extract. Hyosciami	0	1	
——— Sarsæ liquid. Comp.	0	8	
Ferri Sulph.	0	2	
Guaiaci Resin	0	2	
Hydrarg. Bichlorid	0	$0\frac{1}{4}$	
——— Chlorid.	0	4	
——— cum Cretæ	0	3	
——— Nitrico-oxyd.	0	$0\frac{1}{2}$	
Iodin.	0	1	
Ipecacuanhæ contr.	0	4	
Jalapæ contr.	0	4	
Lini Farin.	10	0	
Liniment. Saponis	2	0	
Liquor. Ammoniæ	0	4	
——— Plumbi Diacetat.	0	8	
——— Potass. Arsenit.	0	2	
——— Sodæ Chlorin.	0	8	
——— Potassæ	0	8	
Magnesiæ Carbon.	0	4	
——— Sulphat.	15	0	

Invoice of Medicines, &c.—*continued.*

	lb.	oz.	Observations.
Morph. Hydrochlor. -	0	$0\frac{1}{4}$	
Ol. Menthæ piperitæ - -	0	$0\frac{1}{2}$	
— Morrhuæ - - -	2	0	
— Oliviæ - - -	1	0	
— Ricini - - -	4	0	
— Terebinth. - -	1	0	
— Tiglii. - - -	0	$0\frac{1}{2}$	
Opii contrit. - - -	0	2	
Pilul. Colocynth. Comp. -	0	6	
—— Hydrargyri - -	0	4	
Plumbi Acet. - - -	0	4	
Potass. Bicarbon - -	0	4	
——— Bitartr. Contr. -	2	0	
——— Chlorat. - -	0	2	
——— Hydrat. - -	0	$0\frac{1}{2}$	
——— Nitrat. - -	1	0	
——— Iodid. - - -	1	0	
Pulv. Antim. Jacobi - -	0	2	
—— Cretæ comp. cu. Opio -	0	4	
—— Ipecacuanhæ comp. -	0	8	
—— Jalap. comp. - -	1	0	
Quinæ Disulph. compressed -	0	4	
Rhei contrit. - - -	0	4	
Sennæ - - -	1	0	
Sodæ Bicarb. - - -	0	12	
Spirit Æther, Comp. - -	0	8	
——————— Nitric - -	0	8	
——— Ammon. Arom. -	0	4	
——— Rectificat. Imp. Pints, 1			
Sulphur - - -	0	8	
Syrup. Ferri Iodid. - -	1	0	
Tinct. Camphor, Comp. -	0	8	
——— Catechu, Comp. -	0	4	
——— Ergotæ - -	0	4	
——— Ferri Sesquichlor. -	0	4	
——— Hyosciami - -	0	4	
——— Iodin. Comp. - -	0	4	
——— Opii - - -	1	0	
——— Scillæ - - -	0	4	
Vin. Colchici - - -	0	8	
—— Ipecac. - - -	0	4	
—— Opii - - -	0	2	
Ung. Cetacei - - -	1	0	
—— Hydrarg. - -	1	0	
——————— Nitrat. -	0	2	
—— Sulphur, Comp. - -	2	0	
Zinci Sulph. - - -	0	6	

Invoice of Medicines, &c.—*continued.*

			Observations.
Fine Lint	lbs.	4	
Surgeon's Tow	„	10	
Linen Sheeting	yds.	4	
Skins of Leather	No.	1	
Calico spread with Ad. Plr.	yds.	4	
Vulcand. Ind. Rubber Cloth	„	3	In 2 pieces.
Pins	papers	2	
Grain Scales and Weights	sets	1	*With extra set of Weights to each.*
Ounce ditto ditto	„	1	
Graduated Glass Measures	„	2	
——— Minim ditto	„	2	
Pewter Ounce Measures	„	1	
Bolus Tiles	„	1	
Composition Mortar and Pestle	sets	1	
Tin Panakins	„	1	
—— Funnels	„	1	
Pill Boxes	nests	2	
Vials, in sorts	doz.	2	
Gallipots, ditto	„	2	
Corks, Vial	gross	$\frac{1}{2}$	
——— Pint	„	$\frac{1}{2}$	
Packthread	oz.	2	
Cupping Instruments	set	1	
Tooth ditto	„	1	
Metallic Bougies	„	1	
Elastic Gum Catheters	No.	2	
Stomach Pump	„	1	
Syringes, Urethra	„	12	
——— Clyster and Pipes	„	1	
Stethoscope	„	1	
Air Bed	„	1	
—— Cushions	„	2	
Surgeons' Sponges	„	6	
Bandages, Calico	„	36	
——— Flannel	„	12	
Flannel for Fomentations	yds.	4	
Gutta Percha Tissue	„	2	
Camel Hair Pencils	No.	6	
Trusses, Bag	„	12	
——— Steel, 2 each side	„	4	
Blood Porringers	„	2	
Broad Tape	pieces	2	
Thread for Ligatures	oz.	1	
Common Splints	sets	2	
Arm Sling	No.	1	
Spreading Spatula	„	1	
Pot ditto	„	1	

Invoice of Medicines, &c.—*continued.*

			Observations.
Bolus Knives - -	No.	2	
Corkscrews - -	,,	2	
Counter Scissors -	,,	1	
Strait Waistcoat -	,,	1	
Wax Operating Candles	oz.	8	
Writing Paper -	qrs.	2	
Wrapping do. - -	,,	1	
Pens - - -	No.	12	
Ink Powder - -	pkt.	1	
Wafers - -	oz.	1	
Hospital Book - -	No.	1	

MEMORANDA FOR THE PRINCIPAL MEDICAL OFFICER.

A case of Surgical Instruments will be supplied in those instances in which the medical officer in charge is not required, by the regulations, to provide his own; a portable case when the detachment is below 400 men, and a full set of capital instruments when above that number.

A set of midwifery instruments must be furnished when there is reason to expect that several women will probably be confined during the voyage.

Amongst the articles provided by the owners of vessels conveying troops to India, are the following:—1 Pewter Bed Pan, 5 Chamber Pots, 1 Urinal, 3 Spitting Cups, and 2 Wooden Close-stools, complete. Medical Officers must remonstrate against the vessel sailing if these utensils be not on board; and Fyffe's Patent Night Commode Arm-chair must be substituted for the last-named article.

The above-named medicines, instruments, &c., were received by me on the day of 185 , and I certify that they are of good qualities and in good condition.

INVOICE of MEDICINES, &c., for the use of a Strength over 400, but under 700 Men, on a Voyage to India.

	lb.	oz.	Observations.
Acaciæ Contrit - - -	1	8	
Acid. Acetic - - -	1	8	
—— Hydrochlor. - -	0	6	
—— Nitric. - - -	0	6	
—— Sulphuric. - -	0	6	
—— Tannic. - - -	0	6	
—— Tartar. Contr. - -	0	12	
Ætheris Chloric - -	0	6	
Aloes - - - -	0	2	
Alum - - - -	0	6	
Ammoniac. - - -	0	3	
Ammoniæ Sesquicarb. - -	0	6	
Antimon. Potassio-tartr. -	0	4	
Aq. Distill. - - -	1	0	
Argenti Nitrat. - -	0	2	
Camphor - - -	0	3	
Cerat. Calaminæ - -	0	12	
Chloroform - - -	0	6	
Confect. Aromatic - -	0	3	
——— Rosæ - - -	0	4	
Copaibæ - - -	4	0	
Creasot. - - -	0	2	
Creta pptæ. - - -	1	8	
Cubeb. Contrit. - -	4	0	
Cupri Sulph. - - -	0	4	
Emplastr. Cantharidis - -	3	0	
——— Resinæ - -	0	12	
Extract. Belladonnæ - -	0	2	
——— Hyosciami - -	0	2	
——— Sarsæ liquid. Comp. -	0	12	
Ferri Sulph. - - -	0	3	
Guaiaci Resin - -	0	3	
Hydrarg. Bichlorid. - -	0	$0\frac{1}{2}$	
——— Chlorid. - -	0	6	
——— cum Cretæ - -	0	4	
——— Nitrico-oxyd. -	0	$0\frac{1}{2}$	
Iodin. - - - -	0	1	
Ipecacuanhæ contr. - -	0	6	
Jalapæ contr. - - -	0	6	
Lini Farin. - - -	12	0	
Liniment. Saponis - -	3	0	
Liquor. Ammoniæ - -	0	6	
——— Plumbi Diacetat. -	0	12	
——— Potass. Arsenit. -	0	4	
——— Sodæ chlorin. -	0	12	
——— Potassæ - -	0	12	
Magnesiæ Carbon - -	0	6	

Invoice of Medicines, &c.—*continued.*

	lb.	oz.	Observations.
Magnesiæ Sulphat. - -	20	0	
Morph. Hydrochlor. - -	0	$0\frac{1}{4}$	
Ol. Menthæ piperitæ - -	0	$0\frac{1}{2}$	
— Morrhuæ - - -	4	0	
— Olivæ - - -	2	0	
— Ricini - - -	6	0	
— Terebinth. - -	2	0	
— Tiglii - - -	0	$0\frac{1}{2}$	
Opii contrit. - - -	0	3	
Pilul. Colocynth. Comp. -	0	8	
—— Hydrargyri - -	0	6	
Plumbi Acet. - - -	0	6	
Potass. Bicarbon. - -	0	6	
——— Bitartr. Contr. - -	3	0	
——— Chlorat. - -	0	4	
——— Hydrat. - -	0	1	
——— Nitrat. - -	1	8	
——— Iodid. - - -	1	8	
Pulv. Autim. Jacobi - -	0	3	
—— Cretæ Comp. cu. Opio -	0	6	
—— Ipecacuanhæ comp. -	0	12	
—— Jalap. comp. - -	2	0	
Quinæ Disulph. compressed -	0	6	
Rhei contrit. - - -	0	6	
Sennæ - - -	1	8	
Sodæ Bicarb. - - -	1	0	
Spirit Æther. comp. - -	0	12	
——————— Nitric - -	0	12	
—— Ammon. Arom. - -	0	6	
—— Rectificat., Imp. Pints, $1\frac{1}{2}$			
Sulphur - - -	0	12	
Syrup. Ferri Iodid - -	1	8	
Tinct. Camphor. Comp. -	0	12	
——— Catechu. Comp. -	0	6	
——— Ergotæ - - -	0	6	
——— Ferri Sesquichlor. -	0	6	
——— Hyosciami - -	0	6	
——— Iodin. Comp. - -	0	6	
——— Opii - - -	1	8	
——— Scillæ - - -	0	6	
Vin. Colchici - - -	0	12	
—— Ipecac. - - -	0	6	
Opii - - - -	0	3	
Ung. Cetacei - - -	2	0	
—— Hydrarg. - -	1	8	
——— ——— Nitrat. - -	0	3	
—— Sulphr. Comp. - -	3	0	
Zinci Sulph. - - -	0	8	

Invoice of Medicines, &c.—*continued.*

		Observations.
Fine Lint - - lbs.	6	
Surgeon's Tow - ,,	15	
Linen Sheeting - yds.	6	
Skins of Leather - No.	2	
Calico spread with Ad. Plr. yds.	6	
Vulcand. Ind. Rubber Cloth ,,	4½	In 3 pieces.
Pins - - - papers	3	
Grain Scales and Weights, set	1	*With extra sets of*
Ounce ditto ditto - ,,	1	*Weights to each.*
Graduated Glass Measures, No.	2	
——— Minim. ditto ,,	2	
Pewter Ounce Measures ,,	2	
Bolus Tiles - - ,,	1	
Composition Mortar and Pestle.	1	
Tin Panakins - - ,,	1	
—— Funnels - - ,,	2	
Pill Boxes - - nests.	3	
Vials, in sorts - - doz.	3	
Gallipots, ditto - ,,	3	
Corks, Vial - - gross	½	
—— Pint - - ,,	½	
Packthread - - oz.	4	
Cupping Instruments - set	1	
Tooth do. - ,,	1	
Metallic Bougies - ,,	1	
Elastic Gum Catheters No.	2	
Stomach Pump - ,,	1	
Syringes, Urethra - ,,	12	
——— Clyster and Pipes ,,	1	
Stethoscope - - ,,	1	
Air Bed - - ,,	1	
—— Cushions - ,,	2	
Surgeons' Sponges - ,,	8	
Bandages, Calico - ,,	48	
——— Flannel - ,,	12	
Flannel for Fomentations yds.	4	
Gutta Percha Tissue - ,,	3	
Camel Hair Pencils - No.	8	
Trusses, Bag - - ,,	18	
——— Steel, 2 each side ,,	4	
Blood Porringers - ,,	2	
Broad Tape - - pieces	2	
Thread for Ligatures - oz.	1	
Common Splints - sets	2	
Arm Sling - - No.	1	
Spreading Spatula - ,,	1	
Pot do. - ,,	1	

Invoice of Medicines, &c.—*continued.*

			Observations.
Bolus Knives -	No.	2	
Corkscrews - -	,,	2	
Counter Scissors -	,,	1	
Strait Waistcoat -	,,	1	
Wax Operating Candles	oz.	8	
Writing Paper -	qrs.	2	
Wrapping do. - -	,,	1	
Pens - - -	No.	12	
Ink Powder - -	pkt.	1	
Wafers - -	oz.	1	
Hospital Book -	No.	1	

Memoranda for the Principal Medical Officer.

A case of Surgical Instruments will be supplied in those instances in which the Medical Officer in charge is not required, by the regulations, to provide his own ; a portable case when the detachment is below 400 men, and a full set of capital Instruments when above that number.

A set of Midwifery Instruments must be furnished when there is reason to expect that several women will probably be confined during the voyage.

Amongst the articles provided by the owners of vessels conveying troops to India, are the following :—1 Pewter Bed Pan, 5 Chamber Pots, 1 Urinal, 3 spitting Cups, and 2 wooden Close-stools, complete. Medical Officers must remonstrate against the vessel sailing if these utensils be not on board ; and Fyffe's Patent Night Commode Arm-chair must be substituted for the last-named article.

The above-named medicines, instruments, &c., were received by me on the day of 185 ; and I certify that they are of good qualities and in good condition.

INVOICE of MEDICINES, &c., for the use of 700 Men, but under 1000, on a Voyage to India. If over 1,000, another Chest must be added.

	lb.	oz.	Observations.
Acaciæ Contrit. - -	2	0	
Acid. Acetic. - - -	2	0	
—— Hydrochlor. - -	0	8	
—— Nitric. - - -	0	8	
—— Sulphuric. - -	0	8	
—— Tannic. - - -	0	8	
—— Tartar. Contr. - -	1	0	
Ætheris Chloric. - -	0	8	
Aloes - - - -	0	3	
Alum. - - - -	0	8	
Ammoniac. - - -	0	4	
Ammoniæ Sesquicarb. -	0	8	
Antimon. Potassio-tartr. -	0	6	
Aq. Distill. - - -	1	0	
Argenti Nitrat. - -	0	3	
Camphor. - - -	0	4	
Cerat. Calaminæ - -	1	0	
Chloroform. - - -	0	8	
Confect. Aromatic. - -	0	4	
——— Rosæ - - -	0	6	
Copaibæ - - -	6	0	
Creasot. - - -	0	3	
Creta pptæ. - - -	2	0	
Cubeb. Contrit. - -	6	0	
Cupri Sulph. - - -	0	6	
Emplastr. Cantharidis - -	4	0	
——— Resinæ - -	1	0	
Extract. Belladonnæ - -	0	2	
——— Hyosciami - -	0	3	
——— Sarsæ liquid. Comp. -	1	0	
Ferri Sulph. - - -	0	4	
Guaiaci Resin. - -	0	4	
Hydrarg. Bichlorid. - -	0	0½	
——— Chlorid. - -	0	8	
——— cum Cretæ - -	0	6	
——— Nitrico-oxyd. -	0	1	
Iodin. - - - -	0	2	
Ipecacuanhæ contr. - -	0	8	
Jalapæ contr. - - -	0	8	
Lini Farin. - - -	15	0	
Liniment. Saponis. - -	4	0	
Liquor. Ammoniæ - -	0	8	
——— Plumbi Diacetat. -	1	0	
——— Potass. Arsenit. -	0	6	
——— Sodæ Chlorin. -	1	0	
——— Potassæ - -	0	16	

Invoice of Medicines, &c.—*continued.*

	lb.	oz.	Observations.
Magnesiæ Carbon - -	0	8	
——— Sulphat - -	30	0	
Morph. Hydrochlor. - -	0	$0\frac{1}{2}$	
Ol. Menthæ piperitæ - -	0	1	
— Morrhuæ - -	6	0	
— Olivæ - - -	3	0	
— Ricini - - -	8	0	
— Terebinth. - - -	3	0	
— Tiglii - - -	0	1	
Opii contrit. - - -	0	4	
Pilul. Colocynth. Comp. -	0	12	
—— Hydrargyri - -	0	8	
Plumbi Acet. - - -	0	8	
Potass Bicarbon. - -	0	8	
——— Bitartr. Contr. - -	4	0	
——— Chlorat. - -	0	6	
——— Hydrat. - -	0	$1\frac{1}{2}$	
——— Nitrat. - -	2	0	
——— Iodid. - - -	2	0	
Pulv. Antim. Jacobi. - -	0	4	
—— Cretæ comp. cu. Opio -	0	8	
—— Ipecacuanhæ comp. -	1	0	
—— Jalap. comp. - -	3	0	
Quinæ Disulph. compressed -	0	8	
Rhei contrit. - - -	0	8	
Sennæ - - -	2	0	
Sodæ Bicarb. - - -	1	8	
Spirit Æther. comp. - -	1	0	
——————— Nitric - -	1	0	
——— Ammon. Arom. - -	0	8	
——— Rectificat. Imp. Pints, 2			
Sulphur - - -	1	0	
Syrup. Ferri Iodid. - -	2	0	
Tinct. Camphor. Comp. -	1	0	
——— Catechu. Comp. -	0	8	
——— Ergotæ - - -	0	8	
——— Ferri Sesquichlor. -	0	8	
——— Hyosciami - -	0	8	
——— Iodin. Comp. - -	0	8	
——— Opii - - -	2	0	
——. Scillæ - - -	0	8	
Vin. Colchici - - -	1	0	
—— Ipecac. - - -	0	8	
—— Opii - - -	0	4	
Ung. Cetacei - - -	3	0	
—— Hydrarg. - -	2	0	
——————— Nitrat. - -	0	4	
—— Sulphur. Comp. - -	4	0	

Invoice of Medicines, &c.—*continued.*

		Observations.
Zinci Sulph. - - oz.	12	
Fine Lint - - lbs.	8	
Surgeon's Tow - ,,	20	
Linen Sheeting - yds.	8	
Skins of Leather - No.	3	
Calico spread with Ad. Plr., yds.	8	
Vulcand. India Rubber Cloth. ,,	6	In 4 pieces.
Pins - - - papers	4	
Grain Scales and Weights, set	1	*With extra set of Weights to each.*
Ounce ditto ditto - ,,	1	
Graduated Glass Measures ,,	3	
—— Minim. ditto ,,	3	
Pewter Ounce Measures ,,	3	
Bolus Tiles - - ,,	1	
Composition Mortar and Pestle.	1	
Tin Panakins - - ,,	2	
— Funnels - - ,,	3	
Pill Boxes - - nests	4	
Vials, in sorts - - doz.	4	
Gallipots, ditto - ,,	4	
Corks, Vial - - gross	1	
——, Pint - - ,,	1	
Packthread - - oz.	6	
Box of Apparatus for Fractures and Dislocations No.	1	
Cupping Instruments set	1	
Tooth do. - ,,	1	
Metallic Bougies - ,,	1	
Elastic Gum Catheters No.	3	
Stomach Pump - ,,	1	
Syringes, Urethra - ,,	18	
—— Clyster and Pipes ,,	1	
Stethoscope - ,,	1	
Air Beds - - ,,	1	
— Cushions - ,,	2	
Surgeons' Sponges - ,,	12	
Bandages, Calico - ,,	72	
——, Flannel - ,,	24	
Flannel for Fomentations, yds.	6	
Gutta Percha Tissue ,,	4	
Camel Hair Pencils - No	12	
Trusses, Bag - ,,	24	
—— Steel, 2 each side ,,	6	
Blood Porringers - ,,	2	
Broad Tape - - pieces	3	

Invoice of Medicines, &c.—*continued.*

			Observations.
Thread for Ligatures	oz.	2	
Common Splints -	sets.	3	
Arm Sling - -	No.	1	
Spreading Spatula -	,,	1	
Pot ditto -	,,	1	
Bolus Knives -	,,	2	
Corkscrews - -	,,	2	
Counter Scissors -	,,	1	
Strait Waistcoat -	,,	1	
Wax Operating Candles	lb.	1	
Writing Paper -	qrs.	2	
Wrapping do. -	,,	1	
Pens - - -	No.	12	
Ink Powder - -	pkt.	1	
Wafers - -	oz.	1	
Hospital Book -	No.	1	

MEMORANDA FOR THE PRINCIPAL MEDICAL OFFICER.

A case of Surgical Instruments will be supplied in those instances in which the Medical Officer in charge is not required, by the regulations, to provide his own; a portable case when the detachment is below 400 men, and a full set of capital Instruments when above that number.

A set of Midwifery Instruments must be furnished when there is reason to expect that several women will, probably, be confined during the voyage.

Amongst the articles provided by the owners of vessels conveying Troops to India, are the following:—1 Pewter Bed Pan, 5 Chamber Pots, 1 Urinal, 3 Spitting Cups, and 2 Wooden Close-stools, complete. Medical Officers must remonstrate against the vessel sailing if these utensils be not on board; and Fyffe's Patent Night Commode Arm-chair must be substituted for the last-named article.

The above-named Medicines, Instruments, &c., were received by me on the day of 185 ; and I certify that they are of good qualities and in good condition.

Ship.	Tonnage.	On Board.				From.	Sailed.	Arrived at.	Died on Passage.				Names of Medical Officers doing duty on Board.	Destination of Sick and Wounded.	Disembarkation.				REMARKS. — Number of Attendants, &c.
		Officers.		Men.					Officers.		Men.				Commenced.		Terminated.		
		Sick.	Wounded.	Sick.	Wounded.				Sick.	Wounded.	Sick.	Wounded.			Day.	Hour.	Day.	Hour.	

NOMINAL LIST OF DEATHS distinguishing those occurring in Port and those on Passage.

Regiment.	Rank.	Name.	Disease or Wounds.	Date of Death.	REMARKS.

DISTRIBUTION of INVALIDS on Arrival.

———	Sick.	Wounded.	Mode of Conveyance.
Admitted to Hospital at - -			
Ditto ditto at - -			
Transferred to Depôt at - -			
Ditto ditto at - -			
Forwarded to - - -			
Ditto - - - -			
Ditto - - - -			

OBSERVATIONS.

Return to be signed by the Senior Medical Officer in charge of Invalids on board the Ship, and by the Senior Medical Officer at the place of disembarkation, after verifying the same with the Journal and other documents.

INSPECTION RETURN OF TRANSPORTS.

Name, Number, or Letter.	Tonnage.	No. Embarked.				Corps.	Height between Decks.	Supplies and State; for No. Men No. days.				Cooking Apparatus.	Stoves for Drying.	Means of		No. of Water-closets.	State of the Well, and of the Orlop Deck, or 'twixt Decks.*
		Privates.	Officers.	Women.	Children.			Quality and Quantity of the Ship's Water.	Quality and Specification of the Ship's Provisions.	Quality and Quantity of the Medical Comforts.	State and Quantity of the Bedding and Purveyors Stores.			Fumigation.	Ventilation.		

REMARKS.

Here must be stated the Provision of Medicines, Materials, and Surgical Instruments put on board; the Books provided for the Detail of the Cases of the Sick, which are to be delivered with the Returns to the Principal Medical Officer at the Port where the Sick are landed. Where Invalids are on board, Duplicates of the Returns and Summary of Treatment, as per printed Form, to be transmitted to the Army Medical Department in London.

Inspecting Medical Officer.

Medical Officers in Charge.

* If the bilge water be offensive, fresh water should be let in, and care taken that the cable be properly stowed away, so that no wet ones be left on the orlop or 'twixt decks.

XI.—Diet Rolls.

DIET ROLL of_____ Hospital at_____

Regiment.	Reg. No.	RANK AND NAME.	Age.	DISEASE.	Admitted.	Discharged.	Died.	Folio of Regiment.	Date. 1st.		Date. 2nd.	
									Diet.	Extras.	Diet.	Extras.
TOTAL												

The Extras are Wine, Brandy, and Malt Liquor. In ordering these the Medical Officer thus (2 W, 1 B,) the figures before the letter M will represent pints, thus (1 M.)

The Diet Roll to remain in the Hospital for examination by the Inspecting Medical Tea Diet, H for Half-Diet.

from 1st_____ to 31st_____ 1858.

Date 3rd.		Date 4th.		Date 5th.		Date 6th.		Date 7th.		Date 8th.		Date 9th.		Date 10th.		Date 11th.		Date 12th.		&c. &c. &c.	
Diet.	Extras.	Diet.	Extras.	Diet.	Extras.	Diet.	Extras.	Diet.	Extras.	Diet.	Extras.	Diet.	Extras.	Diet.	Extras.	Diet.	Extras.	Diet.	Extras.	&c.	&c.

will mark W, B, or M; the figures before the two former letters will represent ounces,

Officer at his Inspections.—The Diets to be marked by their initial letters, thus : T for

Signature of Medical Officer to be affixed at the end of the Month.

Date.

DIETS from the DAILY ABTRACTS of Rolls in the

Date.	DIETS.												DRINKS.		
	Tea.	Spoon.	Beef Tea.	Milk.	Low.	Chicken.	Half.	Fish.	Roast.	Entire.	Varied.	Total.	Barley Water.	Rice Water.	Lemonade.
													pints.	pints.	pints.
Total -															

EMPLOYED IN THE HOSPITAL.

	No.	From	To	No. of Days.
Superintndt. of Nurses				
Nurses - - -				
Wardmaster - -				
Assistant Wardmaster				
" Steward -				
Orderlies - -				
Cooks - - -				
Washers - - -				
Total - -				

This abstract to be forwarded Half-Monthly to the Purveyor,

Hospital at from to

Extras.			From Reserved Stores. With Nurse in General Hospital and with Assistant Steward in Regimental Hospital.							Daily Signature of Medical Officer.
Wine.	Spirits.	Malt.	Arrowroot Jelly.	Sago Jelly.	Bread.	Preserved Meat Juice.	Tea.	Spirits.	Wine.	
oz.	oz.	pints.	oz.	oz.	oz.	oz.	pints.	oz.	oz.	

I certify that the above is a true Abstract of the Diets on the Rolls of Hospital, at from to and that the number of Persons, with the periods of their Attendance on the Sick, are correctly stated in the Return.

(Signature of Medical Officer.)

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duly completed, on the 1*st and* 16*th of each Month.*

FOR THE COOK.

DAILY ABSTRACT of DIETS for the various Wards in Hospital, dated

Wards.	DIETS.											DRINKS.			FROM RESERVED STORE.				
	Tea.	Spoon.	Beef Tea.	Milk.	Low.	Chicken.	Half.	Fish.	Roast.	Entire.	Varied.	Barley Water.	Rice Water.	Lemonade.	Arrowroot Jelly.	Sago Jelly.	Bread.	Preserved Meat Juice.	Tea.
												pts.	pts.	pts.	oz.	oz.	oz.	oz.	pts.
Total																			

In General Hospitals this Abstract is to be made up by the Wardmaster from the Diet Rolls, and sent daily to the Captain of Orderlies, who will transmit the same to the Purveyor and to the Cook.

In Regimental Hospitals the Abstract will be made up by the Assistant Steward from the Diet Rolls, and sent daily to the Cook.

FOR THE STEWARD OR PURVEYING OFFICER.

DAILY ABSTRACT of LIQUORS for the various Wards in Hospital, dated

Wards.	Wines.	Spirits.	Malt.	
	oz.	oz.	pints.	
Total - - - - - -				

In General Hospitals this Abstract is to be made up by the Wardmaster, and sent daily to the Captain of Orderlies, who will transmit the same to the Steward or Purveying Officer.

In Regimental Hospitals this Abstract will be made up by the Assistant Steward from the Diet Rolls, and will be sent to the Purveying Officer or Steward.

*Month of*_____, 18____

DIET SHEET of

Regiment.	Reg. Number.	Company.	Rank.	Disease.

Admitted into Hospital the_____

Age_____

Discharged from Hospital the_____

Religion_____

Date.	Diet.	Extras.										
		Draught Porter.	Port Wine.	Brandy.	Barley Water.	Lemonade.	Rice Water.					Initial of Surgeon.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

Diets and Extras to be filled in daily by the prescribing Surgeon.

This Sheet is to be sent to the Purveyor at the end of the Month when filled up.

_____

Surgeon.

Account of Stoppages due from the _____
_____ to Her Majesty's Hospital at _____
between the _____ both dates inclusive.

Rank.	Regimental No.	NAME.	Admitted.	Discharged.	Died.	No. of Days.

N.B.—This Return to be made out by the Steward, certified by the Medical Officer, and forwarded to the Purveyor as soon as possible after the first of each month.

Forms exhibiting the times of administering medicines are advantageously used in some Hospitals, and Medical Officers may find the following or some similar table, with such times marked on it as they may see fit, hung up in the Wards, a useful guide to Nurses and Ward-Masters.

The Hours at which Medicines are to be given.

When Ordered every Four Hours.	When Ordered Four Times Daily.	When Ordered Three Times Daily.	When Ordered Twice Daily.	When Ordered Morning and Evening.	When Ordered Daily.
2 o'clock Morning.					
6 o'clock Morning.	6 o'clock Morning.				
10 o'clock Forenoon.	10 o'clock Forenoon.	10 o'clock Forenoon.	10 o'clock Forenoon.	10 o'clock Forenoon.	10 o'clock Forenoon.
2 o'clock Afternoon.	2 o'clock Afternoon.	2 o'clock Afternoon.			or at
6 o'clock Evening.		6 o'clock Evening.	6 o'clock Evening.		
10 o'clock at Night.	Bed Time.			Bed Time.	Bed Time.

The Nurse is requested to see that the Medicines are regularly administered, and to adhere to the above periods, unless specially ordered otherwise.

XII.—Regulation Contents of Instrument Cases, Medicine Chests, Field Panniers, &c.

1. Full Set of Surgical Instruments.

No.
4 Amputating knives—one extra long, and three of different sizes; backs blunt up to the point, handles smooth.
1 Butcher's saw.
1 Amputating saw.
1 Liston's bone forceps—strong, large, and straight.
1 Ordinary forceps.
1 Tenaculum.
2 Spring artery forceps—one Liston's and one Syme's.
4 Dieffenbach's forceps.
1 Strong straight scissors.
12 Needles—half-curved.
1 Ferguson's clawed forceps for grasping bone.
2 Trephines—one medium and one small size.
1 Elevator—square pointed.
1 Straight gouge.
1 Gouge forceps.
1 Necrosis forceps, as made by Mr. Matthews of Portugal street.
1 Hey's saw.
1 Tang scalpel and raspitory.
6 Scalpels of modern pattern.
1 Blunt-pointed curved bistoury, with smooth handle.
1 Sharp-pointed do. do., do.
1 Blunt-pointed straight bistoury, do.
2 Sharp-pointed do. do., do.
1 Hernia bistoury.
Large trocar and canula for paracentesis abdominis.
Small do. do. and glass syringe, with platinum nozzle to fit the canula (as made by Messrs. Weiss), for injecting hydrocele.
Exploring trocar and canula—long and fine.
1 Liston's large needles, in handles, for tying hæmorrhoids or nævi.
Silver director.
Hernia director.
Aneurism needle.
2 Trachea canulas—one large and one small.
1 Savigny's bullet forceps, with separate blades.
1 Coxeter's bullet extractor.
1 Silver probe.
3 Silver catheters, Nos. 2, 4, and 6.
4 Elastic do., Nos. 1, 3, 5, and 7.
Female catheter.
1 Tenotomy knife—long shaft, short cutting edge, and no shoulder.

No.
1 Anel's lachrymal probe and two styles.
1 Set of Bowman's lachrymal probes, with Critchett's fine grooved director.
Cataract needle and Walton's small foreign body scoop.
Denman's short midwifery forceps.
1 Probang.
1 Field tourniquet ; one screw ditto.
1 Tin case of isinglass plaster.
$\frac{1}{4}$ oz. ligature thread and two reels of silk.
2 Yards of silver or plated wire and one pair cutting pliers.
Small bottle and piece of wax.

N.B. The surgeon may add to the above any instruments that he thinks he may require.

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2. Box of Apparatus for the Treatment of Fractures and the Reduction of Dislocations.

Contents.

Iron double inclined plane (modified McIntyre's splint).
Jointed thigh splint.
Set of japanned leg splints.
Iron extension splint, as made by Mr. Matthews of Portugal Street for fracture of the humerus.
Jointed elbow splint.
Ellis's clavicle apparatus.
Pistol-shaped splint for fracture of lower end of radius.
Set of lined splints.
6 pasteboard splints.
1 lb. gutta percha.
4 yards do., tissue.
Tin box containing 2 lbs. of dextrine.
Do. do. 1 lb. of plaster of Paris.
24 hand-loom (loose-wove) bandages for plaster of Paris bandage.
Arm sling.
Leg sling, new pattern, as used at present at King's College Hospital.
Dislocation apparatus.

Application of the Double Inclined Plane.

Adapt the apparatus or splint to the length of the limb by means of the sliding plates at the foot and the thigh piece. This should be done by measuring the sound limb. The thigh and leg plates must then be carried

to a suitable angle, by means of the extension screw placed under the bend of the splint. The foot board should then be placed at the proper angle with the leg piece, in which it is kept, by the bolt being pushed into one of the small holes at the side of it. A cushion of sufficient length and breadth must be placed along the apparatus, made to cover the edges of the plates, and hollowed out in the centre to receive the limb ; a pad must also be placed against the foot-board.

The apparatus being in readiness to be placed under the limb, extension, counter-extension, and coaptation must be performed by one assistant grasping the limb above or over the fracture, with his left hand, and above the ankle with his right. Having restored the limb to its proper length and form, he should direct his attention to the retaining it in that position, whilst another assistant applies a bandage to the foot and leg as far as the knee, in order to prevent œdema. This being accomplished, the leg is still to be supported above the fracture with one hand, and below it with the other ; moderate extension is to be kept up, and the limb raised very gently, when the apparatus is to be accurately placed under it by an assistant. The leg must then be placed upon the padding, and slight extension kept up by the hand placed over the instep. Put the usual sock on the foot, with a loop from four to six inches long attached to it. The tape affixed to the sock is to be carried over the end of the foot board, and secured to the button at the back of it. A soft cushion of well-carded tow is to be placed over the instep and ankles, when the bandaging may be commenced, the roller being first passed around the limb and apparatus at the ankle, then carried to the toes, passed around the foot board, and alternately around the foot board and extremity of the leg plate, until the whole of the former is covered, when it is to be continued around the limb, in the reversed fashion, to the upper part of the thigh piece, taking care not to include the joints in the bandaging. The apparatus may be placed upon a block of suitable height, and a cradle placed over the whole to remove the weight of the bed clothes, and to prevent any motion of the limb through them.

For the Thigh.

For putting up a fractured thigh in a straight position, apply the long-jointed splint along the limb, projecting beyond the foot, and bandage the whole according to the instructions for the leg.

A certificate stating the condition of each of the articles in the above list should accompany the annual Report.

3. Invoice of a Regimental Chest of Medicines.

	lbs.	oz.
Acaciæ contrit.	1	–
Acid. acetic.	–	8
—— hydrochlor.	–	8
—— hydrocyan. dil.	–	2
—— nitric	–	6
—— sulphuric.	–	4
—— tartar. contr.	–	4
—— tannic	–	1
Æther. chlor.	–	4
Aloes	–	4
Alum. contrit.	–	8
Ammoniæ hydrochlor.	–	4
——— sesquicarb.	–	4
Amyli alb. pulv.	1	–
Antim. potassio-tartr.	–	4
Aq. destill.	1	–
Argenti nitrat.	–	3
Bismuth. nitr.	–	1
Borax	–	1
Blistering tissue, 5 square feet	–	–
Calumb. contrit.	–	8
Camphor.	–	4
Cerat. calaminæ	2	–
—— resinæ	1	–
Chloroformyl (in 2-oz. bottles)	–	8
Collodion	–	2
——— vesicating	–	1
Confect. aromatic., species pro	–	4
——— opii, species pro	–	4
——— rosæ gallicæ	–	4
Copaib.	1	–
Creosot.	–	1
Cubeb. contrit.	2	–
Cupri sulph.	–	2
Emplastr. cantharidis	1	–
——— resinæ	1	–
Extract. belladonnæ	–	2
——— colocynth. comp.	–	8
——— conii	–	1
——— hyosciami	–	2
——— opii purif.	–	2
——— sarzæ. liquid. co.	2	–
Ferri et quinæ cit.	–	4
—— sulph.	–	2
Gallæ pulv.	–	1
Glycerin.	–	2
Hydrarg. bichlorid.	–	1
——— chlorid.	–	8
——— cum cretæ	–	2
——— nitrico-oxyd.	–	1
——— protoiodid.	–	1
Iodin.	–	1
Ipecacuanhæ contr.	–	8
Jalapæ contr.	1	–
Liniment. saponis.	1	–
Liquor ammoniæ	1	–

	lbs.	oz.
Liquor plumbi diacetat.	1	–
——— potassæ	–	8
——— potass. arsen.	–	3
——— sodæ. chlorinat	1	–
Magnesiæ carbon.	–	4
——— sulphat. exsiccat.	14	–
Morph. hydrochlor.	–	2
Ol. menthæ piperitæ	–	1
—— morrhuæ	2	–
—— olivæ	1	8
—— ricini	4	–
—— terebinthinæ	1	–
—— tiglii	–	½
Pilul. hydrargyri	–	8
——————— chlor. co.	–	2
Plumbi acet.	–	8
Potass. bicarbon.	–	4
——— bitartr. contr.	2	–
——— chloras	–	4
——— hydrat.	–	1
——— nitrat.	1	–
Potassii iodid.	2	–
Pulv. antimonii comp.	–	2
——————— Jacobi	–	1
—— cinnamomi comp.	–	2
—— cretæ comp. cum opio.	–	8
—— ipecacuanhæ comp.	–	8
—— kino. co.	–	4
Quassiæ concis.	–	8
Quinæ disulph.	–	8
Rhei contrit.	–	8
Scammon. contrit.	–	1
Scillæ recens exs. contr.	–	2
Sennæ	1	–
Sodæ potassio-tart. contr.	–	8
—— sesquicarb.	–	4
Spirit. æther. nitric	–	8
——————— sulph. C.	–	8
——— ammon. arom.	–	8
——— rectificat. (2 imperial pints)	–	–
Sulphur	5	–
Syr. ferri iodid.	–	12
Tinct. camphor. comp.	–	8
——— cantharid.	–	4
——— cardam. comp.	–	4
——— catechu.	–	4
——— cinchon. comp.	–	8
——— colchici	–	4
——— digitalis	–	2
——— ferri sesquichlor.	–	8
——— gentian. comp.	–	8
——— hyosciami	–	4
——— iodin. co.	–	8
——— lavand. comp.	–	4
——— myrrh.	–	4
——— opii	–	8

	lbs.	oz.
Tinct. rhei comp.	–	8
—— scillæ	–	4
—— sennæ comp.	–	8
Vin. antim. potassio-tart.	–	8
—— colchici	–	4
—— ipecac.	–	12
—— opii	–	4
Ung. cetacei	4	–
—— hydrarg. fort.	2	–
—— —— nitrat.	–	8
Zinci sulph.	–	4
Zingiber. contrit.	–	4

Materials, &c.

Urinometer, metal	No.	1
Spirit lamp	„	1
Test tubes, nests	„	2
Catheters, gum elastic (Nos. 1, 2, 5.)	„	3
Trusses, sliding pads	„	5
Screw driver	„	1
Bougies, metal, 3 to 8	„	5
Syringes, pewter	„	4
—— —— glass	„	2
—— —— clyster and pipes	„	1
Counter scissors	„	1
Corkscrew (shut up)	„	1
Lint, fine	lb.	3
Surgeon's tow	„	4
—— —— sponges	No.	6
Skins of leather	„	1
Old linen sheets	„	2
Carded cotton	lbs.	2
Adhesive plaster, spread	yds.	8
Soap cerate plaster, spread	yds.	1
Isinglass do.	„	1
V. I. rubber cloth	„	1
Gutta percha tissue	„	2
Oiled paper	sheets	6
Bandages, calico	No.	24
—— —— flannel	„	8
—— —— suspensory	„	6
Shallow metal basins	„	2
Broad tape	pieces	1
Thread for ligatures	oz.	½
Pins	papers	1
Common splints	set	1
Grain scales and weights	„	1
Ditto, with glass pans	„	1
Ounce ditto and ditto	„	1
Pewter ounce measures	No.	1
Graduated glass measure	„	1
Minim ditto	„	1
Spreading spatula	„	1
Pot ditto	„	1
Bolus knives	„	2
—— tile	„	1
Composition mortar and pestle	„	1
Tin panakins	„	2
—— funnels	„	2
Pill boxes	paper	2
Vials in sorts	doz.	3
Gallipots in ditto	„	2
Vial corks	gross	1
Pint ditto	„	½
Flannel for fomentations	yds.	1
Packthread	oz.	4
Camel hair pencils	No.	4
Glass rods	„	2
Caustic holder, long	„	1
Stethoscope	„	1

4. Detachment Medicine Chest.

Medicines.

	lbs.	oz.	Letter and Number.
Acaciæ Pulv.	1	–	C
Acid. acetic.	–	8	C
—— hydroch.	–	2	A
—— hydrocyan. P. L.	–	1	A
—— nitric	–	4	A
—— sulphuric	–	2	A
—— tartar pulv.	–	8	C
—— tannic	–	1	A
Alumen exsic. pulv.	–	4	C
Ammon. sesquicarb.	–	6	C
Amyli pulv.	–	8	B
Antim. potass.-tart.	–	4	A
Aq. destillat.	–	8	C
Argent. nit.	–	2	A
Blistering tissue, square ft.	2½		
Bismuth trisnit.	–	½	A
Camphoræ	–	3	C

	lbs.	ozs.	Letter and Number.
Catechu pulv.	–	2	A
Cer. calaminæ	1	–	9
—— cetacei	2	8	C
—— resinæ	–	8	9
Chloroform (three 2 oz. bottles)	–	6	C
Conf. aromat. spec. pro.	–	2	A
—— rosæ	–	2	4
Copaibæ	2	–	A
Creosote	–	1	A
Cubebæ pulv.	2	–	10
Cupri sulph.	–	4	A
Emp. cantharid.	1	–	9
—— resinæ	1	–	9
Ext. belladon	–	½	4
—— coloc. co.	–	6	4
—— conii	–	1	4
—— hyoscyam.	–	2	4
—— sarzæ liquid	1	–	B
Ferri sulph.	–	2	A
Hydrarg. bichlor.	–	1	A
—— chlorid.	–	6	A
—— c cretæ	–	2	A
—— nit.-oxid. pulv.	–	1	A
Ipecac. pulv.	–	6	C
Iodin.	–	½	A
Jalapæ pulv.	1	–	B
Lin. saponis	–	8	C
Liq. ammon. fort.	–	8	C
—— potassæ	–	6	A
—— arsenit.	–	½	A
—— sodæ chlor.	–	8	C
—— zinci chlor.	–	10	C
Magnesiæ	–	2	B
Magnes. sulph. exsic.	12	–	10
Mangan. binox. pulv.	–	8	A
Morph. acetat	–	½	A
—— hydroch.	–	½	A
Ol. anisi	–	½	A
— menth. pip.	–	1	A
— morrhuæ	2	–	A
— olivæ	–	8	C

	lbs.	ozs.	Letter and Number.
Ol. ricini	4	–	B
— terebinth.	1	–	B
— tiglii	–	1	A
Opii pulv.	–	4	A
Pil. hydrarg.	–	6	4
—— rhei. co.	–	4	4
Plumb. acet.	–	6	C
Potass. bicarb. pulv.	–	4	A
—— bitart. pulv.	1	8	B
—— hydrat.	–	1	A
—— nit. pulv.	–	8	C
—— iodidium	1	–	A
Pulv. antim. Jacobi	–	2	A
—— cretæ c opio	–	8	B
—— ipecac. co.	–	6	A
—— kino. co.	–	2	A
Quinæ disulph.	–	3	C
Rhei pulv.	–	3	A
Scammon. pulv.	–	1	A
Scillæ pulv.	–	1	A
Sennæ Alex. Fol.	1	–	10
Sodæ bicarb. pulv.	1	–	B
Sp. ammon. aromat.	–	4	A
— æther co.	–	4	A
—— nit.	–	6	C
— rectif.	½ p'nt.		C
Sulphur	2	–	A
Tinct. camph. co.	–	12	B
—— catechu co.	–	8	C
—— digitalis	–	½	A
—— ferri. sesq.	–	4	A
—— hyoscyam.	–	4	A
—— iodin. co.	–	½	A
—— opii	–	14	B
—— rhei co.	–	8	C
Vin. colchici	–	8	A
—— opii	–	½	A
Ung. hydrarg.	–	8	C
—— nit.	–	4	C
Zinci sulph.	–	4	A
Zingiber. pulv.	–	2	A

Materials.

—	Quantity.	Number.
Bandages, calico	12	12
—— flannel	4	12
—— suspensory	4	12
Blood porringers	2	11
Bolus tile	1	Counter
—— knives	2	5
Bottles, ½-oz. to 8-ozs.	24	12
Calico	4 yds.	10
Camel hair pencils	3	—
Carded cotton	1 lb.	10
Ditto	1 sheet	10
Caustic holder	1	–
Corks, vial and pints	9 doz.	2
Corkscrew (fold-up)	1	5
Dressing tray (moveable partitions)	1	on left wing
Emp. adhesivi	3 yds.	6
—— ichthyocol	1 ,,	—
—— cer. saponis	1 ,,	6
Enema, and 2 spare pipes	1	11
Elastic gum catheters (set 1 to 6)	6	8
Metal ditto (Nos. 4, 7, & 8)	3	—
Evaporating basin	1	7
Funnel	1	11
Gallipots (in sorts)	12	7
Hospital book	1	back of lid.
Ink powder	1 oz.	3
Inkstand	1	3
Lint (fine)	1 lb.	10
—— (second)	1 ,,	10
Linen sheeting	2 yds.	10
Measure (minim.)	1	11
—— (2-ounce)	1	11
Measure (oz. pewter)	1	11
Mortar and pestle (No. 2)	1	7
Needles	25	8
Pharmacopœia conspectus	1	9
Panakin	1	11
Paper (filtering)	¼ quire	11
—— (wrapping)	2 ,,	11
—— (writing)	3 ,,	7
Pens	12	3
Packthread	2 oz.	9
Pill boxes, chip	1 paper	1
—— paper	½ ,,	1
Pins	1 ,,	8
Surgeons' tow	1 lb.	10
Skin of leather	1	10
Sponges	6	9
Splints	1 set	11
Scales and weights (grain)	1 ,,	2
—— —— —— (ounce)	1 ,,	2
Syringes (pewter)	3	8
—— (glass)	1	8
Spatula (spreading)	1	9
—— (pot)	1	5
Stethoscope	1	–
Stopper loosener	1	9
Straining cloth	½ yd.	8
Scissors	1 pair	5
Screw-drivers	2	5
Spirit lamp	1	11
Tape	1 piece	8
Thread, whited brown	1 oz.	8
Test tubes	3	8
—— books	6	8
Trusses (Pratt's)	2	10
Urinometer, metal	1	–
Vulcan. india-rubber cloth	2 yds.	10
Wafers	½ oz.	3

Weight of chest, complete, 298 lbs.; dimensions, 2 ft. $5\frac{5}{8}$ in. long, 1 ft. $11\frac{3}{4}$ in. broad 2 ft. $3\frac{3}{4}$ in. deep.

5. Hospital.—Field Panniers.

Dimensions of each pannier: Length, 2 ft. 3 in.; breadth, 1 ft. 2¼ in.; depth, 1 ft. 4½ in. The two panniers are constructed to form together a field operating table. Weight of straps for a pair of panniers, 5¼ lbs.

Contents of No. 1.

MEDICINES.	lbs. ozs.
Ammoniæ sesquicarb.	2
Antimon. potas.-tart.	½
Acid. sulphuric	2
Acid. nitric. pur.	2
Æther. chloric.	2
Argenti nitrat.	1
Blistering collodion	2
Chloroform. (in 3 capped bottles)	9
Collodion	1½
Cerat. cetacei	8
Cupri sulphat.	1
Hydrarg. chlorid.	4
Hydrarg. nitrico-oxid.	¼
Ipecacuanhæ pulv.	1
Jalapæ pulv.	2
Liquor stypticus.	4
Liq. ammoniæ acet. concent.	4
Morphiæ acetat.	½
Ol. terebinthinæ	8
Ol. olivæ opt.	4
Ol. tiglii	½
Ol. menthæ pip.	2
Opii. pulv.	2
Pil. colocynth. comp.	4
Pil. hydrarg.	4
Pulv. ipecacuanha comp.	1
Pulv. antimon. Jacobi	1
Pulv. cretæ. comp. c. opio.	8
Plumbi acetat.	2
Quinæ disulph.	4
Sodæ bicarb. pulv.	2
Spirit. ammoniæ aromat.	6
Spirit. æther. nitrici	2
Spirit. æther. comp.	2
Tinct. ferri sesquichlor.	4
Tinct. Opii	8
3 empty bottles for pills.	
2 bottles for brandy and water.	

MATERIALS.			
Corkscrew	No.	1	Drawer No. 1.
Knives (1 palate and 1 pill)	„	2	
Scissors	pair	1	
Blank labels	No.	100	
India rubber enema	„	1	
Grain scales and weights	set	1	
Pens, ink and wafers			
Gallipots	doz.	1	Drawer No. 2.
Pill boxes	nests	6	
Corks (vials and quarts	doz.	4	
Measures (2 oz. and minim)	No.	2	
Graduated horn cap	„	1	
Pestle and mortar	„	1	
Ligatures (silk and thread)	oz.	2	
Needles	doz.	1	
Wax	oz.	¼	
Tape (broad)	piece	1	
Paper of pins	No.	1	
Packthread	ball	1	
Surgeon's sponges	No.	6	Drawer No. 3.
Wax matches	tin box	1	
Blotting book	No.	1	
Extra slinging irons	„	4	
Paper	qr.	½	Drawer No. 4.
Oiled silk	yard	½	
Gutta percha tissue	„	2	
Oiled paper (substitute for oiled silk).	sheets	12	

Weight of No. 1, 90lbs.

Surgeon's full set of surgical instruments and medical certificate book.

Lamp with reflector, which may be suspended by the moveable hooks at the back. By raising the cover on the top of the lamp, the small tin saucepan in the tourniquet case may be fixed there for the purpose of heating a little water for the preparation of tea, &c. The candle tube must always be lowered and fixed at the bottom of the lamp when lighted.

Contents of No. 2.

IN TIN CASE.

Field tourniquets	16
Screw ditto	4
Tin saucepan (for heating water over the lamp)	1
Small strainer (for making a cup of tea quickly and economically)	1

Place a teaspoonful of tea in the strainer, and pour boiling water upon it.

IN TIN CASE.

Lint	2½ lbs.
Carded cotton	2 „

Calico bandages	48

IN WALLET.

Linen sheeting	3 yds.
Calico	2 „
India rubber sheeting	2 „

IN 2 TIN CASES.

Emp. adhesivum, on calico	4 yds.
Isinglass plaister	4 „

IN TIN CASE.

Wax candles (for use in the lamp in the other pannier and the candlesticks in the lid of the case)	26
Wax matches	2 boxes.

AT THE BOTTOM AND IN THE LID.

Splints	1 set.

UNDER BANDAGES AND SHEETING.

Tin bed pan	1
Tin washing basin, fitting round the bed pan	1

IN TIN CASE.

Black tea	1 lb.
Lump sugar	2 „

IN TIN CASE, under the tourniquets.

Arrow root	1 lb.
Concentrated beef tea	1 „
Cocoa milk (in ½ lbs.)	1 „

IN LID.

Case book	1
Admission and discharge book	1

Weight of No. 2, complete (except the case book and admission and discharge book), 90¼ lbs.

6. Medical Field Companion.

Medicines.

* Mixture for Diarrhœa and Cholera, 2 oz.
Chloroform, 2 oz.
Tinct. Opii, 2 oz.
Spirit. Ammoniæ Aromat., 2 oz.

Pills.

Tins.

No. 7. Calomel gr. i. Pulv. Opii gr. i. in each.
„ 8. Plumbi Acet. gr. iii. Pulv. Opii gr. i. in each.
„ 9. Calomel gr. ii. Pil. Rhei Co. et. Pil. Coloc Co. aa gr. ii. in each.
„ 10. Camphor gr. iii. Pulv. Opii gr. ii. et Pulv. Cayenne gr. ½ in each.

} 4 dozen of each kind.

Powders.

No. 1. Morph. Acet. gr. ½. Plumbi Acet. gr. iv. et Pulv. Acacia gr. ii. in each.—24.
„ 2. Antim. Tart. gr. i. Pulv. Acacia gr. iii. in each.
„ 3. Calomel gr. iii. Pulv. Jacobi gr. v. et Pulv. Ipecac. Co. gr. xv. in each.

} 12 of each kind.

„ 4. Pulv. Kino Co. ℈i. in each.—24.
„ 5. Pulv. Cretæ Co. c̄ Opio ℈ii. in each.—12.
„ 6. Pulv. Jalapæ Co. ℈ii. in each.—12.

Appliances.

Calico rollers—2.
Suspensory bandages—2.
Clavical bandages—2.
Strong calico—½ yard.
Linen sheeting—½ yard.
Lint—¼ lb.
Gutta percha tissue—¼ yard.
Cotton wool—¼ lb.
Isinglass plaister—1 yard.
Adhesive plaister—½ yard.
Sponges, surgeons'—2.
Needles, „ 25.
Whited brown thread—½ oz.
Razor in case.
Shaving soap—1 roll.
Screw field tourniquet.
Candle and wax matches.
Pins—½ paper; tape—1 piece scissors—1 pair.
Minim measure—1.
Graduated horn cup—1.

A tin water bottle is supplied with each companion.
Weight, complete, 11¼ lbs.
Dimensions:—Length, 13 inches; breadth, 6¼ inches; depth, 8¼ inches.

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* Ol. anisi; ol. cajeput; ol. juniperi āā ℥iss. Liq. acid Halleri; tinct. cinnam. āā ℥ij. m.
Marked "To promote reaction in diarrhœa and cholera:—10 drops every quarter or half hour in a tablespoonful of water."

XIII.—Warrant regulating the Rank, Pay, Promotion, and Retirement of Army Medical Officers.

Victoria R.

Whereas We have taken into Our consideration the recommendations of the Commissioners appointed by Our authority to inquire into the Regulations affecting the sanitary condition of our Military Forces and the medical treatment of the sick and wounded of Our Army, Our Will and Pleasure is, that, from and after the date of this Warrant, the following rules shall be established for the future admission, promotion, and retirement, and the pay, half-pay, relative rank, and allowances of the Medical Officers of Our Army, and that by these rules Our Commander-in-chief shall govern himself in recommending Officers for admission, promotion, and retirement.

1. The grades of Medical Officers in Our Army shall be four in number, viz.:—

(1.) Inspector-General of Hospitals.
(2.) Deputy Inspector-General of Hospitals.
(3.) Staff or Regimental Surgeon, who, after 20 years' Full-Pay service in any rank, shall be styled Surgeon-Major.
(4.) Staff or Regimental Assistant-Surgeon.

2. No Candidate shall be admitted to the competitive examination for a Commission in the Medical Department of Our Army who does not possess such a certificate or certificates as would qualify a civilian to practise Medicine and Surgery; and no such Candidate shall receive a Commission as Assistant-Surgeon until he shall have satisfactorily passed an examination in Military Medicine, Surgery, and Hygiène, after attending the authorized course in a General Military Hospital.

3. No Assistant-Surgeon shall be eligible for promotion to the rank of Surgeon until he shall have passed such examination as Our Principal Secretary of State for War may require, and shall have served on Full-Pay with the Commission of Assistant-Surgeon for five years, of which two shall have been passed in or with a Regiment.

4. A Surgeon, whether on the Staff or attached to Regiments, must have served ten years in the Army, with a Commission on Full-Pay, of which two must have been passed, with the rank of Surgeon, in or with a regiment before he will be eligible for promotion to the rank of Deputy Inspector-General of Hospitals.

5. A Deputy Inspector-General of Hospitals must have served five years at home, or three abroad, in that rank before he shall be eligible for promotion to the rank of Inspector-General.

In cases, however, of emergency, or when the good of the service renders such alteration desirable, it shall be competent for Our Secretary of State for War to shorten the several periods of service above mentioned, in such manner as he shall deem fit and expedient.

6. Assistant-Surgeons shall, as a general rule, be promoted to the rank of Surgeon in the order of their seniority in the service, unless unfit for the discharge of their duties from physical or professional incompetence or misconduct. In cases of distinguished service, however, an Assistant-Surgeon may be promoted without reference to seniority; and in such cases, with a view to insure the responsibility attaching to an appointment made out of the regular course of promotion, the recommendation in which the services of the Officer shall be detailed shall be published in the General Orders of the Army and in the "Gazette" in which his promotion appears.

7. All promotion from the rank of Surgeon to that of Deputy Inspector, and from the rank of Deputy Inspector to that of Inspector, shall be given by selection for ability and merit; and the grounds of such selection shall be stated to Us in writing, and recorded in the office of Our Commander-in-chief, the selection being made from the whole rank of Surgeons, whether styled Surgeons or Surgeons-Major.

8. The rates of pay of the Medical Officers of Our Army shall be in accordance with the following Schedule:—

——	After 30 years' Service on Full-Pay.	After 25 years' Service on Full-Pay.	After 20 years' Service on Full-Pay.	After 15 years' Service on Full-Pay	After 10 years' Service on Full-Pay.	After 5 years' Service on Full-Pay.	Under 5 years' Service on Full-Pay
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General	2 5 0	2 5 0	2 0 0*	. .	. .	. .	. .
Deputy Inspector-General - -	1 14 0	1 10 0	1 8 0*	. .	. .	. .	. .
Surgeon-Major -	. .	1 5 0	1 2 0	. .	. .	. .	. .
Surgeon - -	. .	. .	. .	0 18 0	0 15 0*	. .	. .
Assistant-Surgeon	. .	. .	. .	. .	0 13 0	0 11 6	0 10 0

* Or on promotion, should these periods of service not be already completed.

9. In addition to the pay of their ranks, Officers at the head of the Medical Department on foreign stations shall receive allowances at the under-mentioned rates, when serving under the following circumstances, viz.:—

If with an Army in the field of 10,000 men or upwards - 20*s.* per day.
If with an Army in the field of 5,000 men or upwards - 15*s.* ,,
If with an Army in the field of any less number - - 10*s.* ,,
If serving in a Colony where the forces consist of 1,500 men or upwards - - - - - - - - - 5*s.* ,,

10. After the date of this Warrant every Medical Officer placed on Half-Pay by reduction of establishment, or on the

report of a Medical Board, in consequence of being incapacitated by reason of ill-health, caused by wounds, or brought on by the discharge of his duties, shall be allowed the Half-Pay to which his period of Full-Pay service may entitle him, according to the following Schedule:—

—	After 30 years' Service on Full-Pay.	After 25 years' Service on Full-Pay.	After 20 years' Service on Full-Pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-Pay.	After 5 years' Service on Full-Pay.	Under 5 years' Service on Full-Pay
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General	1 17 6	1 13 6	1 10 0	. .	. .	. .	. .
Deputy Inspector General - -	1 5 6	1 2 6	1 1 0	. .	. .	. .	. .
Surgeon-Major -	. .	0 18 6	0 16 6	. .	. .	. .	. .
Surgeon - -	. .	. .	. .	0 13 6	0 11 0	. .	. .
Assistant-Surgeon	. .	. .	. .	. .	0 10 0	0 8 0	0 6 0

11. With a view to maintain the efficiency of the service, all Medical Officers of the rank of Surgeon-Major, Surgeon, or Assistant-Surgeon, shall he placed on the Retired List when they shall have attained the age of 55 years, and all Inspectors-General and Deputy Inspectors-General, when they shall have attained the age of 65 years.

Officers thus superannuated shall be entitled to the rates of Half-Pay stated in the preceding Schedule.

12. Every Medical Officer who shall have served upon Full-Pay for twenty-five years and upwards shall have the right to retire upon Half-Pay, at the rate of seven-tenths of the daily pay he was in receipt of when thus retiring, provided he shall have served three years in the rank from which he retires, or shall have served in any rank for ten years in the Colonies, or five years with an army in the field. But if he shall not have complied with any one of these conditions, he shall be entitled only to Half-Pay at the rate of seven-tenths of the daily pay he was in receipt of before his last promotion.

13. Every Medical Officer thus claiming to retire must give six months' notice to the Head of his Department of his intention to claim this right, prior to his being allowed to retire; and no Medical Officer shall have a right to give such notice after he shall be under orders to proceed to any foreign station, until he shall have served at such station for one month.

14. If a Medical Officer is placed on Half-Pay from any other cause than those herein-before named, he shall only be allowed a temporary rate of Half-Pay (not exceeding the rates stated in Clause 10), for such period and at such rate as shall be assigned to him by Our Secretary of State for

War, on a consideration of the length and character of the services rendered to the public by such Medical Officer.

15. On reduction of establishment, the Surgeon and Assistant-Surgeon who are junior in the ranks shall be the first reduced, and on restoration to Full-Pay the reduced Officers who are senior in their rank shall be the first restored.

16. The relative rank of the Medical Officers of Our Army shall be as follows:—

Staff or Regimental Assistant-Surgeon as a Lieutenant, according to the date of his Commission; and, after six years' Full-Pay service, as Captain, according to the date of the completion of such service.

Staff or Regimental Surgeon as Major, according to the date of his Commission; and Surgeon-Major, as Lieutenant-Colonel, but junior of that rank.

Deputy Inspector-General of Hospitals as Lieutenant-Colonel, according to the date of his Commission; and, after five years' Full-Pay service as Deputy Inspector-General, as Colonel, according to the date of the completion of such service.

Inspector-General of Hospitals as Brigadier-General, according to the date of his Commission; if with an army in the field, or after three years' Full-Pay service as Inspector-General, as a Major-General, from the date of his joining such army in the field, or according to the date of the completion of such service.

17. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds [except as regards the presidency of Courts-martial, where Our Will and Pleasure is, that the senior combatant Officer be always President], and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel, and light, or allowances in their stead, detention and prize-money. But when a Medical Officer is serving with a regiment or detachment, the Officer commanding, though he be junior in rank to such Medical Officer, is entitled to a preference in the choice of quarters.

18. Medical Officers shall be entitled to all the allowances granted by Our Warrant of 13th July 1857, on account of wounds and injuries received in action, as combatant Officers holding the same relative ranks.

19. Their families shall in like manner be entitled to all the allowances granted by Our Warrant of 15th June 1855, to the families of combatant Officers holding the same relative ranks.

20. Medical Officers shall be entitled to field allowances, at home and abroad, at the following rates, subject to all the

conditions and restrictions laid down in Our Warrant of 1st July 1848 :—

Daily Rate.

——	Ordinary		Extra-ordinary.	
	s.	*d.*	*s.*	*d.*
REGIMENTAL.				
Assistant-Surgeon, under Six Years' Service -	1	0	2	0
„ „ above Six Years' Service -	1	6	2	6
Surgeon - - - - - - -	2	6	4	6
Surgeon-Major - - - - - -	2	6	4	6
STAFF.				
Assistant-Surgeon, under Six Years' Service -	1	6	2	6
„ „ above Six Years' Service -	2	0	3	6
Surgeons - - - - - - -	3	0	5	0
Surgeon-Major - - - - - -	3	0	5	0
Deputy Inspector-General, under Three Years' Service - - - - - - -	4	6	7	6
„ „ „ above Three Years' Service - - - - - - -	6	0	10	0
Inspector-General of Hospitals - - -	9	0	15	0

21. Surgeons or Surgeons-Major of Infantry Regiments shall not in future be subject to any diminution of the allowance of forage, according to the regulations in force, nor to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service.

22. All Staff Surgeons of the first class and Senior Surgeons of Artillery now serving, or who, being now on Half-Pay, shall hereafter be called upon to serve, shall rank as Surgeons-Major from the date of their Commissions as Staff-Surgeons of the first class, or Senior Surgeons of Artillery, and shall receive the pay of Surgeon-Major, according to the foregoing schedule of Full-Pay from the date of this Warrant, or from the date of being called from Half-Pay to Full-Pay; and all Surgeons who have already completed twenty years' Full-Pay service, or upwards, in any rank, shall have the rank and pay of Surgeons-Major from the date of this Warrant.

23. Medical Officers shall be held entitled to the same honours as other Officers of Our Army of equal relative rank.*

* This clause does not extend to the compliments to be paid by Garrison or Regimental Guards as laid down in pages 29 and 30 of the Queen's Regulations for the Army.

24. A Medical Officer, retiring after a Full-Pay service of twenty-five years and upwards, may, if recommended for the same by the Head of his Department, receive a step of honorary rank, but without any consequent increase of Half-Pay.

25. Good-Service Pensions shall be awarded to the most meritorious Medical Officers of Our Army under such regulations as shall be from time to time determined by Us, with the advice of Our Secretary of State for War.

26. Six of the most meritorious Medical Officers of the Army shall be named My Honorary Physicians, and six, My Honorary Surgeons,

Given at Our Court of St. James's, this first day of October 1858, in the Twenty-second year of Our Reign.

By Her Majesty's Command,

J. PEEL.

XIV.—Rules for the Examination of Assistant-Surgeons previous to Promotion.

This examination is intended as a test for promotion, and may be taken at any time after the Assistant-Surgeon has served five or more years.

When Assistant-Surgeons have served the requisite time they will be examined in the following manner:—

A series of printed questions, prepared by the Examining Board, will be sealed and sent by the Director-General to the Principal Medical Officers of Stations where Assistant-Surgeons may be eligible for examination. It will be the duty of the Principal Medical Officer of the Station to deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed and delivered, sealed, to the Principal Medical Officer, who is to send them unopened to the Director-General, together with a Certificate from the Surgeon of the Regiment, or other superior Medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.*

The Assistant-Surgeon will also be required to transmit, together with his answers to the Director-General, a Medico-Topographical account of the Station where he may happen to be at the time, or of some other Station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a Medico-Statistical Report of his Regiment for a period of at least twelve months.

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* The Assistant-Surgeon may see this Certificate before it is sent to the Director-General.

If the Examining Board is satisfied with the replies to the questions, and the Director-General is satisfied with the Certificates and with the Medico-Topographical or Statistical Report, the Assistant-Surgeon will be held qualified for promotion.

The Assistant-Surgeon will thus be subjected to three separate examinations within the first ten years of his service, each examination having a definite object. The FIRST, to ascertain, previous to his admission into the service as a Candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge. The SECOND, after having passed through a Course of special instruction in the Army Medical School, to test his knowledge of the special duties of an Army Medical Officer; and the THIRD, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

APPENDIX.

DRESS OF ARMY MEDICAL STAFF OFFICERS.

Coat—tunic, scarlet, single-breasted, with black velvet collar, cuffs, and sleeve flaps. The collar rounded off in front, cuff ten and a half inches round, two inches and three-quarters deep. Slashed flap on the sleeve six inches long and two inches and a quarter wide, with three loops of half-inch lace and uniform buttons. Eight buttons down the front. The skirt 10½ inches deep for an officer of five feet nine inches in height, with a variation of half an inch longer or shorter for every inch of difference in the height of the wearer. Scarlet flap on the skirt behind, ten inches deep, two buttons on flap and one on waist, with three loops of half-inch lace. The coat, collar, cuffs, and flaps edged with white cloth a quarter of an inch broad, and the skirts lined with white.

Director-General, Army Medical Department — as Major-General. Collar, cuffs, sleeve slashes, and skirt flaps, to be laced with inch lace (staff pattern) as directed for Major-General.

Distinctions of Rank—according to the relative ranks in the army, viz. :—

Inspector-General of Hospitals, as Brigadier-General, after three years' service as Major-General. The collar laced round top and bottom with half-inch lace ; a crown and star embroidered in silver at each end.

Deputy Inspector-General of Hospitals, as Lieutenant-Colonel, after five years' service as Colonel, the same lace, with a crown, or crown and star, at end of the collar.

Surgeon-Major, as Lieutenant-Colonel, the same lace, with a crown at each end of collar.

Staff Surgeon, as Major, the collar laced round top and bottom with half-inch lace, and star in silver at each end.

Assistant Staff-Surgeon, as Lieutenant, the same collar, with a crown at each end, after six years' service as Captain.

The Officers ranking with Field Officers to have two rows of half-inch lace round the top of the cuff, an edging of the same on the sleeve and skirt flaps, and down the edge of the skirt behind.

The Officers under that rank to have one row of lace round the cuff, none on the skirt, and the loops only on the skirt flap and sleeve flap.

Lace—gold, two-vellum pattern, half-inch width.

Buttons—gilt, with the crown and letters V.R., with the words "Medical Staff" within a star raised thereon.

Hat—cocked, plain; the fan, or back part, nine inches, the front seven inches and a half, each corner five inches.

Loop—scale, with regulation button, and black silk cockade.

Tassels—gold bullion.

Feather—black cock's tail, drooping from a feathered stem three inches in length.

Stock—black silk.

Trousers, Dess—blue cloth, with gold lace two and a half inches wide for Director-General, and an inch and three-quarters wide for Officers below that rank, down outward seam.

Boots—Wellington.

Spurs—screw, yellow metal, as for Staff Officers, for those Medical Officers who are allowed forage for a horse.

Sword—the same as for Officers of Infantry.

Scabbard—brass for those having the rank of Field Officer, black leather, with gold mountings, for Officers under that rank.

Sword-Knot—crimson and gold, with acorn tassel.

Sword-Belt—black morocco, with three rows of gold embroidery for Director-General; two rows for Inspector and Deputy-General of Hospitals; black leather, with slings and gilt hook for all other ranks. To be worn over the coat.

Plate—a round gilt clasp, with V.R. surmounted by a crown, in silver, upon the centre-piece, and "Medical Staff" with a laurel branch, also in silver, on the outer circle.

Shoulder-Belt—black morocco, with three rows of gold embroidery for Director-General, with two rows for Inspector and Deputy-Inspector-General of Hospitals, and black patent leather for all other ranks; the whole with a small case of surgical instruments, according to pattern.

Frock-Coat—blue, double-breasted, with stand-up collar rounded off in front, cuffs, and lappels all of blue cloth.* Cuff, ten and a half inches round, and two inches and three-quarters deep, slashed flap on sleeve five inches and a quarter long, one inch and a half wide, with three small uniform buttons. Two rows of uniform buttons down the front, nine in each row, at equal distances, the distance between the rows eight inches at top, and four inches at bottom; flaps on skirts behind ten inches deep, with two buttons on flap and one on waist. The skirt lined with black, and seventeen inches deep for an Officer five feet nine inches in height, with a variation of half an inch longer or shorter for each inch of difference in the height of the wearer. The Officers ranking with Field Officers to have the badge

* Collar and cuffs of blue velvet for Director-General, with star in gold embroidery at each end of the collar.

of their rank (as crown or star) embroidered in gold at each end of the collar. The collars of other officers to be plain.

Trousers, Undress—blue cloth, with a scarlet stripe two and a half inches wide down the outward seam for Director-General, one and three quarter inches for Inspector and Deputy-Inspector-General of Hospitals, and scarlet welt for all other ranks.

Boots—Wellington or ankle.

Forage-Cap—Director-General as for Major-General, except that the band is to be of lace, of the staff pattern. The same for Inspector-General and Deputy-Inspectors of Hospital, gold button and trimming on the top. For all other ranks, blue cloth, with black leather peak and chin strap ; black silk oak-leaf band, with V.R., surmounted by a crown, embroidered in gold on the front, and with black-button and trimming.

Great-Coat—of Infantry pattern, blue cloth, lined with scarlet, with uniform buttons.

Officers of the Medical Department, serving in Africa, are to wear the shell jacket as prescribed for Officers of Infantry.

Horse Furniture—bridle, as Officers of Infantry, with brown leather front and rosettes. Bit, without bosses. Saddle-cloth for Officers who are allowed forage for a horse, blue cloth, same dimensions as for Infantry Officers, with the lace of black silk, oak leaf pattern one inch wide, two rows of lace for Director-General, and Inspectors and Deputy-Inspectors-General. Badges in black silk. Holsters, covered with black leather. Girths, blue. Saddle, hunting. As Surgeon, no badges.

APOTHECARIES DEPARTMENT.

Apothecary, with rank of Captain, to wear the same uniform and appointments as an Officer of the Medical Department of corresponding rank, except the facings and edgings, which are to be of grey cloth.

DISPENSERS OF MEDICINES.

To wear a plain scarlet tunic, black velvet facings, without lace, or badge, on collar (optional).

Undress—Plain blue single-breasted frock-coat, staff buttons, plain blue cloth trowsers, blue forage-cap without ornament, oak-leaf band, Infantry sword and black belt.

War Office,
18th November 1859.

$\frac{51}{\frac{4}{64}}$

B. HAWES.

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